

FINDINGS FOR
THE 2019-2020
**ACTIVE LIVING
MAPPING PROJECT**

WANGARATTA
AND SURROUNDS

GLOSSARY

Active Living/ Physical Activity: Moving your body and using energy to do this (Commonwealth of Australia 2018a), for example, playing, working, walking, bike riding and gardening. Although most measures of physical activity focus on deliberate activity during leisure time, other forms of activity such as walking or cycling for transport, work-related activity, and daily household tasks such as housework or gardening all contribute to total physical activity (Australian Institute of Health and Welfare 2017). Being physically active also means meeting Australia's Physical Activity and Sedentary Behaviour Guidelines (Commonwealth of Australia 2018b) "Active living" and "physical activity" will be used interchangeably throughout this report. The recommendations developed from this project will include those related to increasing physical activity rates among residents of the Rural City of Wangaratta Local Government Area. Consideration must be given to the built environment, sun exposure, transport, neighbourhood design, and access to parks, open spaces, sport and recreation (State of Victoria 2015).

Insufficient Physical Activity: Completing less than the recommended 150 minutes of moderate intensity physical activity across 5 or more sessions each week (Australian Institute of Health and Welfare 2019).

Sedentary Behaviour: Waking behaviour characterised by an energy expenditure of less than or equal to 1.5 metabolic equivalents, such as sitting, reclining or lying down (World Health Organization 2018).

Active Travel: Any transport that involves physical activity such as walking or riding (Commonwealth of Australia 2016).

Social Connection: The networks and contacts with others that one has, that is, the quality and number of interactions. Being socially connected means frequently seeing and communicating with others (Stansfeld 2006).

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In 2018 Gateway Health in partnership with Central Hume Primary Care Partnership, Alpine Health and Alpine Shire, undertook an Active Living Mapping Project for the Alpine Shire Local Government Area (Gateway Health 2018). This project methodology has been used as a template to guide the Active Living Mapping Project for Wangaratta and Surrounds. The hard work in laying the project foundations is acknowledged.

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EXECUTIVE SUMMARY

In the Wangaratta region approximately half the population do not have sufficient physical activity levels to optimise good health. The aim of this project was to identify the barriers and enablers for physical activity, with a specific focus on older people and people with specific needs which for this project is classified as particular vulnerable groups. The project also captured services, activities and opportunities for physical activities as well as assessed the built environment and infrastructure that can encourage physical activity in the Rural City of Wangaratta (RCoW) Local Government Area (LGA).

Low levels of physical activity and high levels of sedentary behaviour are major risk factors for ill health and mortality (Australian Institute of Health and Welfare 2016). Australia's Physical Activity and Sedentary Behaviour Guidelines state that adults are to be active on most days with at least 150 minutes of moderate to vigorous activity per week (Australian Institute of Health and Welfare 2019). The Victorian Population Health Survey 2017 (Department of Health and Human Services 2019) indicated that 47.9% of the adult population living in the RCoW LGA were not meeting these guidelines.

This report provides a detailed appraisal of the 2019-2020 Active Living Mapping Project for Wangaratta and Surrounds. The purpose of the project was to investigate physical activity within the RCoW LGA and examined strategies and resources which support increased levels of physical activity. To achieve this purpose the project aimed to:

- establish an inventory of what is currently available to support the community to increase physical activity rates
- investigate the barriers and enablers for being active in the RCoW LGA
- provide recommendations to support the community to become more physically active

The target group for the project was:

- Older people (65+ years)
- Vulnerable groups, including those who do not meet the recommended Australia's Physical Activity and Sedentary Behaviour Guidelines, and/or are not socially connected and/or are financially challenged, for example have a health care/pension card

The following steps were undertaken in the research project:

- Interviews were conducted with 40 stakeholder including service providers and community groups to establish services, activities and opportunities that already exist in the community to be physically active. Potential barriers and enablers for physical activity were also identified.
- A community survey and focus groups were conducted to gain understanding of the barriers and enablers for people to be active plus provide a snapshot of current levels of physical activity.
- Observational audits based on the [Heart Foundation's Healthy Active by Design Master Checklist](#) (Heart Foundation 2018) were used for gathering information on 12 selected townships within the RCoW LGA to visually determine the extent to which facilities, parks, services and pathways encourage and support physical activity.
- As part of this project, Geographic Information Systems (GIS) maps were developed by RCoW Council to map the level of infrastructure of five selected townships within the RCoW LGA. This infrastructure included such things as footpaths, play grounds, recreational reserves, sporting facilities and public transport.
- A review of supplementary community data provided additional information regarding physical activity options and utilisation of existing resources. For example, the RCoW (2021a) [Wangaratta Community Directory](#) was used to cross reference the observational audits and maps by reviewing which sporting clubs used recreational reserves.

The above consultations and research not only established the inventory of the resources and activities that are available to promote physical activity within the RCoW LGA but it also provided insight to potential barriers and enablers to being physically active for the target groups of the project. The main barriers that were identified throughout the project included:

- lack of time,
- infrastructure limitations (quality of footpaths or lack of footpaths)
- cost
- weather/seasonal changes
- poor health
- lack of motivation
- a perceived lack of options
- transport limitations

The most important strategies identified from the project to support the community to be more active were:

- improved infrastructure (footpaths)
- free and affordable options for people to be active
- enhancing opportunities for social connection and accessibility for people to be active.

The project found there is a diverse range of local programs to assist the community to be physically active and socially connected. In particular, there is a wide range of programs which may be more suitable for the project target group of people over the age of 65. However, for people under the age of 65 who may have health/cognitive conditions, mental health issues, disability or financial restraints, plus families who lack access to appropriate childcare, these typically mainstream options for physical activity may not suit them. These people may require comprehensive assistance to be active and there are not many low-cost, well-supported options available for this diverse cohort.

The recommendations from the project will be presented for inclusion as actions in the RCoW Council Municipal Health and Wellbeing Plan. Findings will support other relevant council plans where applicable. A summary of these recommendations includes:

RECOMMENDATION 1: INFRASTRUCTURE (WALKING AND CYCLING PATH) IMPROVEMENTS

- To design and build new walking and cycling paths as well as improve and maintain existing pathways throughout the RCoW LGA

RECOMMENDATION 2: PROMOTION OF EXISTING EVENTS AND FACILITIES (FOCUSING ON FREE AND AFFORDABLE OPTIONS)

- To improve the promotion of opportunities to be active
- To improve community awareness of the available activities and services to be active
- To promote free and affordable active living options

RECOMMENDATION 3: COLLABORATIVE AND PARTNERSHIP APPROACH

It is recommended that a more collaborative approach is needed with how services/groups work together to promote/build on their work to support the community to become more physically active. As a starting point the RCoW Active Living Network could be used to facilitate this collaboration. The RCoW Active Living Network currently comes together to share information, promote programs, and build relationships to provide opportunities for the community to be active. It is recommended that membership is expanded to represent multiple sectors, thereby encouraging cross-sector collaboration on joint initiatives such as grant applications and referral pathways to physical activity groups. Long term, the network could work towards community ownership and facilitating co-design of future physical activity initiatives.

RECOMMENDATION 4: PROMOTE OPPORTUNITIES FOR INFORMAL RECREATION AND MULTI-USE SPORTING/ RECREATION FACILITIES

There are many underutilised sporting/recreation facilities in the RCoW LGA. With a more collaborative approach, these facilities could be used more effectively by community groups to provide more opportunities for physical activity. This strategy would also increase the possibility for social connections which the project found was a key motivator in people staying active.

RECOMMENDATION 5: BUILDING HEALTHY ENVIRONMENTS: A SETTINGS APPROACH

5.1. Sporting clubs and individuals

Wangaratta Council currently offers the [Active Wangaratta Grants](#) and [Individual Athlete Assistance Grants](#) (Rural City of Wangaratta 2021b) to support participation in sporting events and clubs. It is recommended that Wangaratta Council offer an additional funding opportunity to encourage vulnerable people to access physical activity opportunities. This new grant would extend the scope of existing grants to include other physical activity options, other than sporting events and clubs. It is proposed that the funding for this new grant is shared from the Individual Athlete Assistance Grant monies.

5.2 Workplaces

Workplaces can have a positive influence on physical activity levels in the community. It is recommended that The Victorian Healthy Workplaces Achievement Program is implemented in more workplaces. This free program provides resources and guidance for workplaces to create a healthy environment for their employees.

CONCLUSION

According to national and state-wide research plus local data, RCoW LGA residents are not meeting Australia's Physical Activity and Sedentary Behaviour Guidelines. Given the negative health and economic consequences of lack of exercise, it is vital to understand the barriers and enablers for physical activity. It is also important to assess the way in which the built environment and infrastructure can encourage physical activity. This project focused on two specific cohorts: people over the age of 65 and people who could be considered vulnerable due to lack of physical activity, social connections or financial challenges. This project used a variety of methodologies to investigate services, activities and opportunities which would potentially increase physical activity levels. Data from the stakeholder interviews, surveys and focus groups identified the main barriers to physical activity which included time, cost, and infrastructure. This research also demonstrated that there is lack of knowledge and awareness about current options and resources available for people to be physically active. The observational audits and GIS maps revealed that in selected townships in RCoW LGA, there was a lack of footpaths and limited public transport, which in turn, decreases options for physical activity in these towns. A review of supplementary community data provided additional information regarding physical activity options and utilisation of existing resources. Based on the findings of this project, it is recommended that several strategies are put in place to facilitate an increase in physical activity, particularly for the target cohorts of this research. The main recommendations include improving walking and cycling paths and promoting existing physical activity opportunities and resources. It is also highly recommended that there is a more collaborative and partnership approach between services and groups working together to improve physical activity.

Future steps to increase physical activity in the community include advocating for the incorporation of these action recommendations in the RCoW Council Municipal Public Health and Wellbeing Plan. The data in this project report can also be used to inform infrastructure planning, project planning, organisational and community planning and grant applications.

INTRODUCTION

Physical activity has long been identified as a contributing factor to good health. The purposes of this project were firstly to establish an inventory of what is currently available to support the community to increase physical activity rates and secondly to investigate the barriers and enablers for the community when it comes to being physically active for residents of the RCoW LGA. Finally, this project aimed to produce recommendations that will help support the community to become more physically active.

The project was based on the 2018 Alpine Active Living Mapping Partnership Project which was led by Gateway Health (funded by the Central Hume Primary Care Partnership), in collaboration with Alpine Health and Alpine Shire Council (Gateway Health 2018). Gateway Health has used the Alpine Project's foundations to produce the 2019-2020 Active Living Mapping Project for Wangaratta and Surrounds.

This project focuses on two specific cohorts:

- Older people (65+ years)
- Vulnerable groups including those who do not meet the recommended Australia's Physical Activity and Sedentary Behaviour Guidelines, and/or are not socially connected and/or are financially challenged, for example have a health care/pension card

The objectives of this project were to:

- work collaboratively with relevant organisations and community groups
- identify whether there is a need for more active living programs/groups by mapping existing physical activity program/groups
- seek input from local stakeholders and community groups to gather information on active living, specifically to understand barriers and enablers for participating in physical activity opportunities
- seek input from the general community through a survey and focus groups to find out how important being active was to them and what they thought the barriers and enablers were to being physically active
- conduct observational audits, create Geographical Information System (GIS) maps, plus review supplementary community data to assess infrastructure, for example:
 - green spaces suitable for active living opportunities
 - access to sports clubs and recreational facilities
 - connections that provide opportunities for active travel

1.0 AUSTRALIA'S PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR GUIDELINES AND DATA

1.1 AUSTRALIA'S PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR GUIDELINES

Physical activity has been shown to have a range of beneficial effects on health. It improves mental and musculoskeletal health and reduces risk factors for poor health such as being overweight, having high blood pressure and high blood cholesterol (Australian Institute of Health and Welfare 2016). Low levels of physical activity and high levels of sedentariness are major risk factors for ill health and mortality (Australian Institute of Health and Welfare 2016). People who do not undertake sufficient physical activity may have a greater risk of cardiovascular disease, colon and breast cancers, type 2 diabetes and osteoporosis (Australian Institute of Health and Welfare 2016). Poor health also has an economic impact on communities including the loss of productivity. The estimated cost of physical inactivity to the Australian health sector is over \$672 million dollars a year (cited in VicHealth 2016, p.48). Furthermore, VicHealth stated that the potential savings to the Australian health sector from increasing physical activity by just 10% is \$96 million per year (cited in VicHealth 2016, p. 48).

Table 1 outlines the summary of the Australia's Physical Activity and Sedentary Behaviour Guidelines regarding how much activity people should be undertaking to maintain optimal health.

	AGES 2-5 (1)	AGES 5-17 (2)	AGES 18-65	AGES 65 AND OVER
Physical activity	At least 180 minutes per day with at least 60 minutes of energetic play	Several hours of light activities with at least 60 minutes of moderate to vigorous activity per day	Be active on most, preferable all days with at least 150 min of moderate to vigorous activity per week	Be active on most, preferably all days with at least 30 minutes of moderate activity per day
Sedentary or screen-based activity	Should not be restrained for more than 60 minutes at a time (3). No more than 60 minutes of sedentary screen time per day.	No more than 120 minutes of screen use. Break up long periods of sitting.	Minimise and break up prolonged periods of sitting	Be as active as possible
Strength	N/A	Vigorous and muscle strengthening activities three times a week	Muscle strengthening activities two times a week	Incorporate muscle strengthening activities

1 - This group includes those aged 5yrs who are not yet in full-time schooling

2 - This group includes those aged 5yrs who are in full-time schooling

3 - Examples include being restrained in car seat, stroller or high chair

▲ *Table 1: Australian Institute of Health and Welfare (2019) "Insufficient physical activity", Summary of Australian Physical Activity and Sedentary Behaviour Guidelines*

1.2 PHYSICAL ACTIVITY DATA

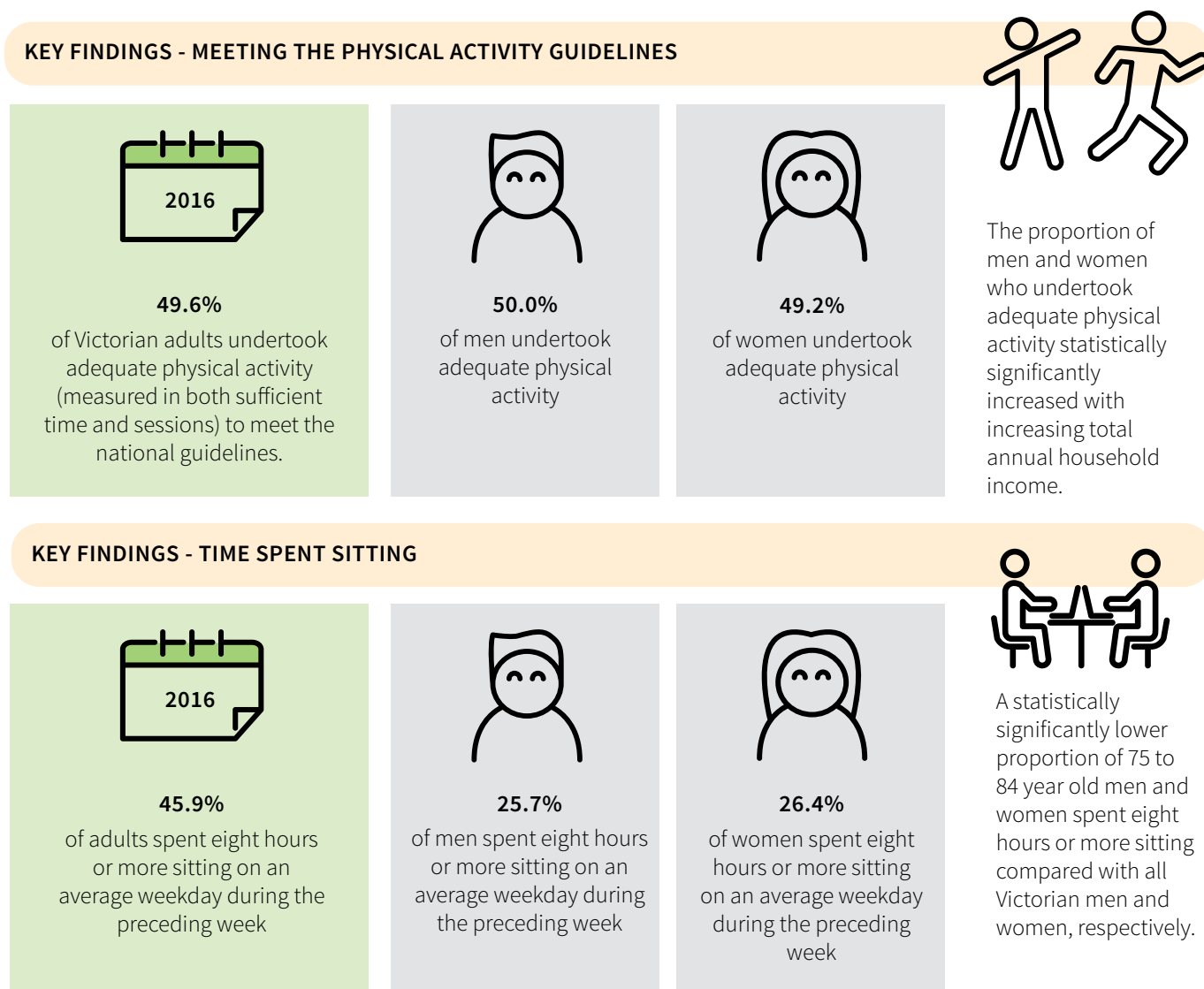
1.2.1 NATIONAL DATA

The Australian Bureau of Statistics (ABS) in 2018(a) looked at national physical activity levels. This data indicated that 55.4% of 18-64 year old people were undertaking the required 150 minutes of exercise in the last week (56.1% men and 54.7% women). The ABS examined workplaces to see how this sector can influence overall activity rates and discovered that workplace can indeed have a positive influence on physical activity levels, in the community. By including workplace activity into overall physical activity levels, the percentage of 18-64 year old's meeting the 150-minute exercise guidelines increases to 65.5% (69.7% men and 61.3% women). This highlights the important role that workplaces can play in employee health and wellbeing in providing opportunities which encourage employees to be active.

1.2.2 STATE DATA

Victorian physical activity levels follow a similar pattern to those seen nationally; most population groups do not meet the recommended Australia's Physical Activity and Sedentary Behaviour Guidelines. Specifically, 50% of all men and 50.8% of all women do not meet these guidelines (Department of Health and Human Services 2018). The percentage of adults who spent eight or more hours on average sitting per weekday was 25.6% (25.7% men and 26.4% women).

Figure 1 provides a breakdown of physically activity and sedentary behaviour according to gender.



▲ Figure 1: Victorian Population Health Survey 2016 – Selected survey findings (Department of Health and Human Services 2018)

One of the target groups of this project is people over the age of 65. In Victoria, this cohort of people have a higher percentage of meeting these guidelines than those younger than 65. In the age bracket of 65-74 years old, 77.7% met these guidelines. The lowest ranking adult group in meeting the guidelines were those aged between 45-54 years who only achieved a score of 36.9% (Department of Health and Human Services 2018).

1.2.3 REGIONAL DATA

The regional data indicates that a large percentage of the Hume Region population of Victoria is not meeting the Australia's Physical Activity and Sedentary Behaviour Guidelines. The RCoW LGA is part of the Hume Region and is located in the north-eastern part of Victoria. The Hume Region is an area of more than 40,000 square kilometres and has an estimated population of approximately 308,400 (The State of Victoria 2014). In the Hume Region 46.3% of the adult population are not meeting the recommended these guidelines (Department of Health and Human Services 2019). In response to the need for more people to be physically active, 'active living' was introduced as a Health Priority Area in the Central Hume Prevention Strategic Plan 2017-2021 (Central Hume Primary Care Partnership 2017).

A literature review conducted by Kennedy (2019) investigated the barriers and opportunities for participation in physical activity in regional areas to provide evidence to inform public health interventions. This review found that socioeconomically disadvantaged groups in regional areas experience limited transport opportunities and there is a unique rural culture around physical activity participation. It also found that regional environment infrastructure plays a role in influencing physical activity levels and social connections are an important aspect of keeping regional people physically active. Kennedy discusses the need to look at the social determinants of health and the importance of Council Municipal Health and Wellbeing Plans in their role to support regional communities to become more active. The findings of Kennedy's literature review have contributed to the research aspect of this project report and have been considered during the development of recommendations in this project.



1.2.4 LOCAL DATA

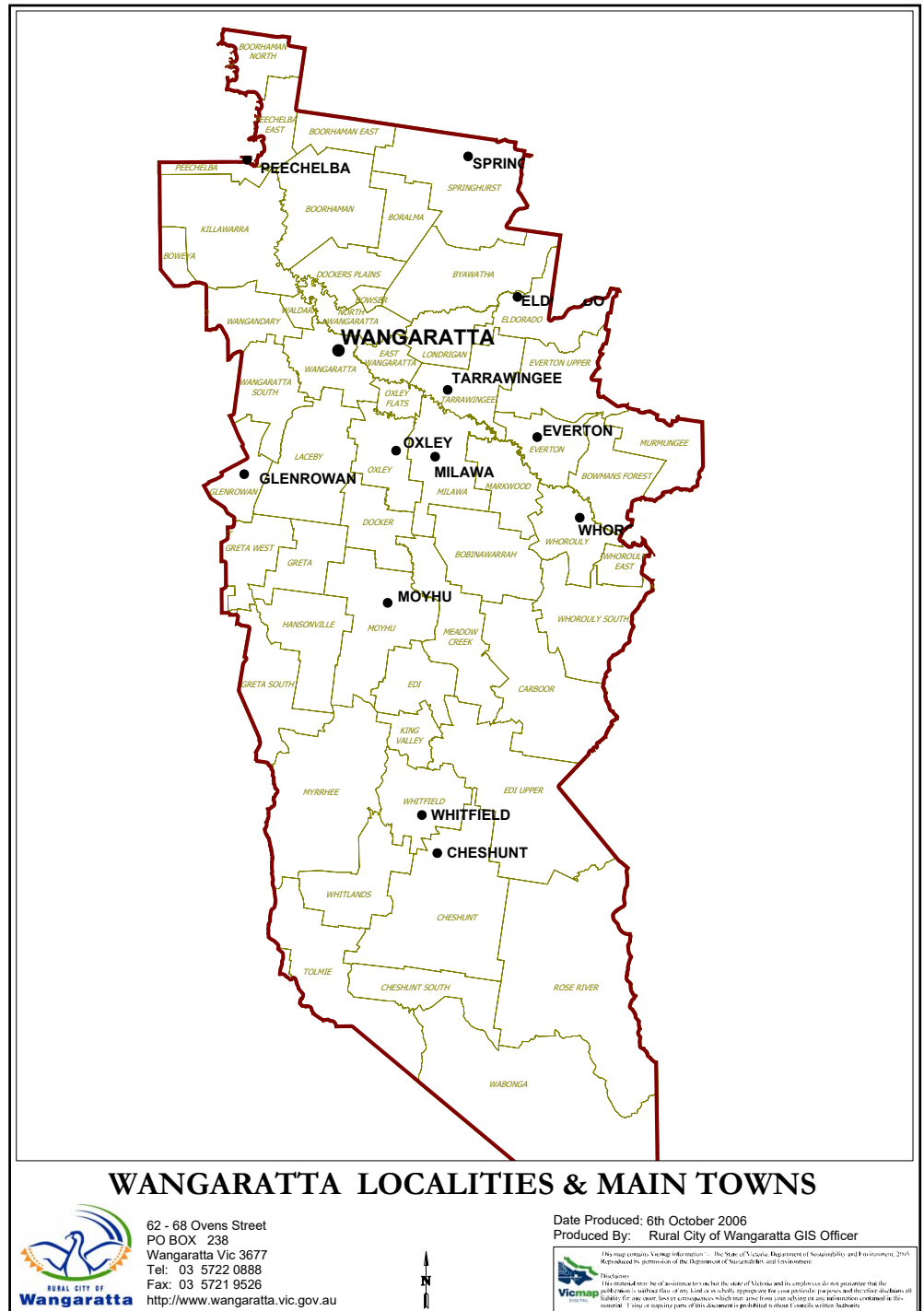
RCoW LGA is situated in North East Victoria in the Hume Region, located 235km north east of Melbourne. RCoW LGA is known for its rivers, local produce, wine and tourism. Refer to figure 2 which indicates the main towns that make up the RCoW LGA. The main centre of this region is Wangaratta which is surrounded by smaller towns such as Cheshunt, Eldorado, Everton, Glenrowan, Milawa, Moyhu, Oxley, Springhurst, Tarrawingee, Whitfield and Whorouly (Rural City of Wangaratta 2020a). ABS estimated the population of the RCoW LGA in 2018 to be 29,087, with residents over the age of 65 making up 22.6% of RCoW LGA population (Australian Bureau of Statistics 2018b). The working age population was estimated to be 59.1%, with the main employment areas being healthcare and social assistance at 16.7%. Medium yearly income in 2017 was \$42,578 (Australian Bureau of Statistics 2018b).

The Victorian Population Health Survey 2017 (Department of Health and Human Services 2019) indicated that 47.9% of the adult population living in the RCoW LGA were not meeting Australia's Physical Activity and Sedentary Behaviour Guidelines. Local data is similar, finding that 46.2% of women and 49.5% of men are not meeting these guidelines (Central Hume Primary Care Partnership 2020).

The Victorian Population Health Survey 2017 (Department of Health and Human Services 2019) reports the average daily sedentary behaviour per week day for adults in the RCoW LGA:

- Less than 2 hours per day 5.1%
- 2 to < 4 hours per day 27.5%
- 4 to < 6 hours per day 28%
- 6 to < 8 hours per day 15%
- 8 hours per day 20.5%

Figure 2:
Map of Rural City
of Wangaratta LGA



2.0 METHOD

The 2019-2020 Active Living Mapping Project for Wangaratta and Surrounds was undertaken using a collaborative approach. Gateway Health led the project and was supported by the RCoW Active Living Network. Participating organisations of this network are Sports North East, Northeast Health Wangaratta, Rural City of Wangaratta Council, Gateway Health, YMCA and Northeast Exercise Solutions. These organisations have all fed information into this mapping project. Information was also gathered from outside agencies, community groups and the public.

2.1 STAKEHOLDER ENGAGEMENT AND INTERVIEWS (AUG 2019 TO FEB 2020)

Informal interviews (Appendix A) were conducted with 40 stakeholders from a range of sectors including health professionals, local government, community agencies, community groups and neighbourhood houses. The interviews were seeking to understand what physical activity the stakeholder may have been involved in or how they supported their community to be active. The interviews also focused on what the stakeholder thought were the barriers and enablers for people to be active. This stage was important in developing an understanding of what opportunities/information already existed to support the community to be active.

The COVID-19 pandemic halted the stakeholder consultation period earlier than intended. This resulted in some stakeholders not being interviewed. Due to elevated stress and anxiety levels within the community, as well as low capacity in organisations, further follow up did not occur.

A review of the stakeholder consultation found that no new themes were emerging from stakeholders by the time the pandemic restrictions came in to force. Given the similar themes that had arisen throughout the stakeholder consultations, this stage of the project methodology was concluded.

2.2 GATEWAY HEALTH'S RURAL CITY OF WANGARATTA (RCOW) ACTIVE LIVING SURVEY

The survey from the Alpine Active Living Mapping Project was adapted (Appendix B) and distributed across the RCoW LGA. 507 surveys were completed, including eight responses received from people living outside RCoW LGA. Firstly, the survey aimed to find out what people currently did to be active. Secondly the survey asked for information about what makes it hard for people to be active. Thirdly the survey asked for information about what might assist individuals or the community to be more active.

2.3 FOCUS GROUPS

The aim of the focus groups was to provide qualitative information about the data gathered from the Active Living Survey in terms of barriers and enablers for physical activity. Two focus groups were conducted with a total number of 19 participants. One group was in Wangaratta and the second one was in Moyhu. A third group was planned but was cancelled due to pandemic restrictions. The focus groups took a structured approach covering the same set of question each time (Appendix C). The responses to these questions were then summarised (Appendix D).

2.4 OBSERVATIONAL AUDITS & GEOGRAPHIC INFORMATION SYSTEMS (GIS) MAP ANALYSIS

The aim of this section of the methodology was to map existing services, groups, facilities and parks in the RCoW LGA, focusing particularly on smaller towns outside Wangaratta. This data would then provide information about the opportunities for being active and to determine how connected these opportunities are, for example by paths and active travel. The [Heart Foundation's Healthy Active by Design Master Checklist](#) (Heart Foundation 2018) was used as a template for gathering this information. In particular, the 'Movement Networks' section (Appendix E) of the Master Checklist was used through observational audits to observe how supportive the built environment was in twelve of the smaller towns within the RCoW LGA.

As part of this project, GIS maps were developed by RCoW Council to map the level of infrastructure of five selected townships within the RCoW LGA (Appendix F). This infrastructure included such things as footpaths, play grounds, recreational reserves, sporting facilities and public transport.

2.5 REVIEW OF SUPPLEMENTARY COMMUNITY DATA

A review of supplementary community data provided additional information regarding physical activity options and utilisation of existing resources. The data below helped build on the information that the observational audit and GIS maps were providing to the project:

- Public Transport Victoria and Community Accessibility Inc 'Getting THERE Network' information – enabled cross referencing with observational audits and GIS maps to highlight which towns in particular had poor public transport or no public transport
- RCoW (2021a) [Wangaratta Community Directory](#), which includes a listing of local sporting clubs, neighbourhood houses and community groups. This information is important because enable a snapshot of inventory of what groups/activities were in the RCoW LGA and it was a useful resource in cross referencing the observational audits, for example which sporting clubs were using which recreation reserves.
- Census of Population and Housing rates towns in terms of an index of relative socio-economic disadvantage (IRSED). Refer to Appendix G for a breakdown of IRSED scores for the RCoW LGA. It is important to keep in mind that there are pockets of disadvantage within the RCoW LGA. These smaller areas of disadvantage are likely to have a diverse range of barriers to being physically active.



3.0 RESULTS

3.1 STAKEHOLDER ENGAGEMENT

The interviews conducted with stakeholders from various organisations and community groups revealed common themes that impacted people's ability to be active. There was an acknowledgement that there were many choices on offer for people to be active but the community did not always know what was available. Many services and activities already exist for the over 65 years age group that were supportive and affordable. A major gap was identified for people under the age of 65 who are vulnerable. Whilst there are still a wide range of options for them to be active, if this cohort of people have additional needs such as health/cognitive conditions, mental health issues, disability, financial restraints or are young families with limited or no childcare, then typically mainstream options to be physically active may not suit them. This diverse cohort may require extra support to be active and currently there are limited low cost, well supported options for them.

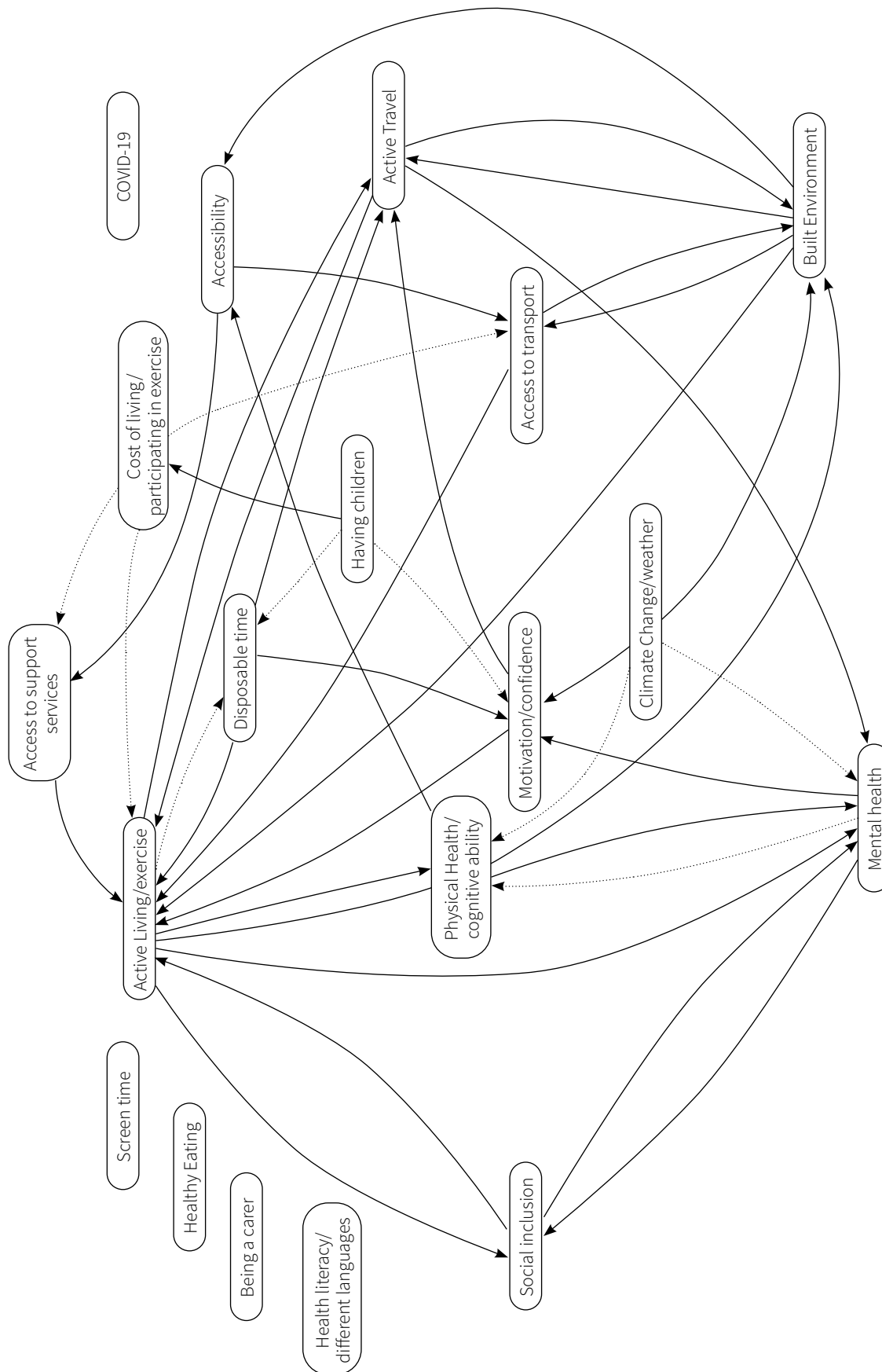
In general, the cost of activities, groups, and gyms was a significant barrier to participating in physical activity. Another barrier identified by stakeholders was lack of access to transport.

Strategies discussed by stakeholders to support the community to be more active were for more affordable options for people to be able to participate in physical activity. Another element identified by stakeholders was the importance of being socially connected and how these links can help people maintain their physical activity levels.

The range of factors identified by stakeholders, that may influence physical activity are depicted in Figure 3 on the opposite page.

Understanding the map:

- Solid lines: when one area is increased, it increases the other area - e.g. increasing active living/exercise can increase social inclusion
- Broken lines: when one area is increased, it decreases the other - e.g. increased cost to participate in sporting groups/gym can decrease people's participation in this activity
- Some variables were not connected with lines as they were not mentioned by all stakeholders



▲ Figure 3: Factors that influence people's ability to be active, as identified by stakeholders (2019-20 Active Living Mapping Project for Wangaratta and Surrounds, Gateway Health 2020)

3.2 GATEWAY HEALTH RCoW ACTIVE LIVING SURVEY

A summary of the results of the survey are:

- 507 surveys were completed, including eight responses received from people living outside RCoW LGA. These eight surveys were not included in the overall analysis.
- 43.2% of respondents were 65 years and older, thus providing specific feedback from a key target group of this project.
- A range of geographic areas within the RCoW LGA were represented in the survey.
- There is a heavy reliance on cars, especially in smaller towns and outlying areas. However, some active travel, such as cycling and public transport, was reported across not only Wangaratta but some of the smaller townships.
- Gym, walking/bush walking and cycling were the three most popular physical activities cited in the survey. A range of other activities were mentioned, indicating the availability of many options for physical activity.
- Many respondents reported being socially connected in some way through clubs or events.
- The biggest barriers to being physically active were: lack of time, lack of or poor-quality footpaths, cost, weather, health problems including diminished cognitive ability, lack of motivation and perceived lack of options.
- The most common suggestions from respondents for increasing physical activity were more/improved footpaths and more free or affordable activity options.

Table 2 gives a snapshot of the survey demographics regarding the age, gender, healthcare/pension card status of respondents, across geographical locations within the RCoW LGA. Table 2 also shows the results for the 507 surveys completed, including the eight responses received from people living outside of RCoW LGA. Subsequent analysis in this project only includes the 499 respondents that completed the survey who lived in the RCoW LGA.

NB: At times percentages equal >100% due to rounding. Where responses add up to less than 100%, this is due to non-responses/missing data.

	TOTAL		WANGARATTA		SPRINGHURST, BORALMA, BOORHAMAN, PEECHELBA		EVERTON, EVERTON UPPER, TARRAWINGEE, WHOROULY, WHOROULY EAST, WHOROULY SOUTH, MURMUNGEE, BOWMAN'S FORREST		MOYHU, MEADOW CREEK, CARBOOR, DOCKER	
	N	%	N	%	N	%	N	%	N	%
AGE										
0-14	1	0.2	1	0.3	0		0		0	
15-24	17	3.4	9	3.1	0		2	7.1	1	5.9
25-44	112	22.1	71	24.1	3	27.3	5	17.9	2	11.8
45-64	158	31.2	81	27.6	3	27.3	11	39.3	5	29.4
65-84	203	40.0	120	40.8	5	45.5	9	32.1	8	47.1
85+	16	3.2	12	4.1	0		1	3.6	1	5.9
Total	507		294		11		28		17	
SEX										
Males	146	28.8	89	30.3	4	36.4	3	10.7	7	41.2
Females	359	70.8	204	69.4	7	63.6	25	89.3	10	58.8
Prefer not to say	2	0.4	1	0.3	0		0		0	
HEALTH CARE/PENSION CARD										
Yes	217	42.8	141	48.0	3	27.3	11	39.3	9	52.9

	OXLEY, OXLEY FLATS		MILAWA, MARKWOOD, BOBINAWARRAH		WANGANDARY, KILLAWARRA, WALDARA		KING VALLEY, MYRRHEE, EDI, CHESHUNT, WHITFIELD		GLENROWAN, GRETA, GRETA WEST, HANSONVILLE, WANGARATTA SOUTH, LACEBY		ELDORADO, NORTH WANGARATTA, BYAWATHA, LONDRIGAN		OUTSIDE OF WANGARATTA LGA	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
AGE														
0-14	0		0		0		0		0		0		0	12.5
15-24	0		0		2	6.9	0		1	2.9	1	5.6	1	25.0
25-44	0		4	28.6	6	20.7	9	25.0	6	17.6	4	22.2	2	25.0
45-64	12	66.7	6	42.9	8	27.6	8	22.2	13	38.2	9	50.0	2	37.5
65-84	6	33.3	4	28.6	13	44.8	18	50.0	13	38.2	4	22.2	3	
85+	0		0		0		1	2.8	1	2.9	0		0	
Total	18		14		29		36		34		18		8	
SEX														
Males	3	16.7	5	35.7	9	31.0	12	33.3	9	26.5	2	11.1	3	37.5
Females	15	83.3	9	64.3	20	69.0	24	66.7	24	70.6	16	88.9	5	62.5
Prefer not to say	0		0		0		0		1	2.9	0		0	
HEALTH CARE/PENSION CARD														
Yes	5	27.8	5	35.7	8	27.6	16	44.4	13	38.2	4	22.2	2	25.0

▲ Table 2: Survey demographics (n=507) (Gateway Health's RCoW Active Living Survey 2019)



Table 3 gives a further snapshot of the demographics for respondents within Wangaratta and outside Wangaratta but still within the RCoW LGA.

MISSING DATA MEANS % MAY BE <100%	WITHIN WANGARATTA	OUTSIDE WANGARATTA (WITHIN LGA)	TOTAL
Male n (%)	89 (30.3)	54 (26.3)	143 (28.7)
Female n (%)	204 (69.4)	150 (73.2)	354 (70.9)
Aboriginal or Torres Strait Islander n (%)	4 (1.4)	0	4 (0.8)
Born in Australia n (%)	263 (92.0)	179 (87.7)	442 (90.2)
Born Overseas n (%)	25 (12.3)	23 (8.0)	48 (9.8)
Healthcare/Pension card n (%)	141 (48.0)	74 (36.1)	215 (43.1)

Table 3: Survey demographics (n=499) (Gateway Health's RCoW Active Living Survey 2019)

3.2.1 AGE GROUPS

Figure 4 shows that the 65-84 age group comprised the largest cohort of survey respondents, followed by the 45-64 age bracket.

AGE GROUPS

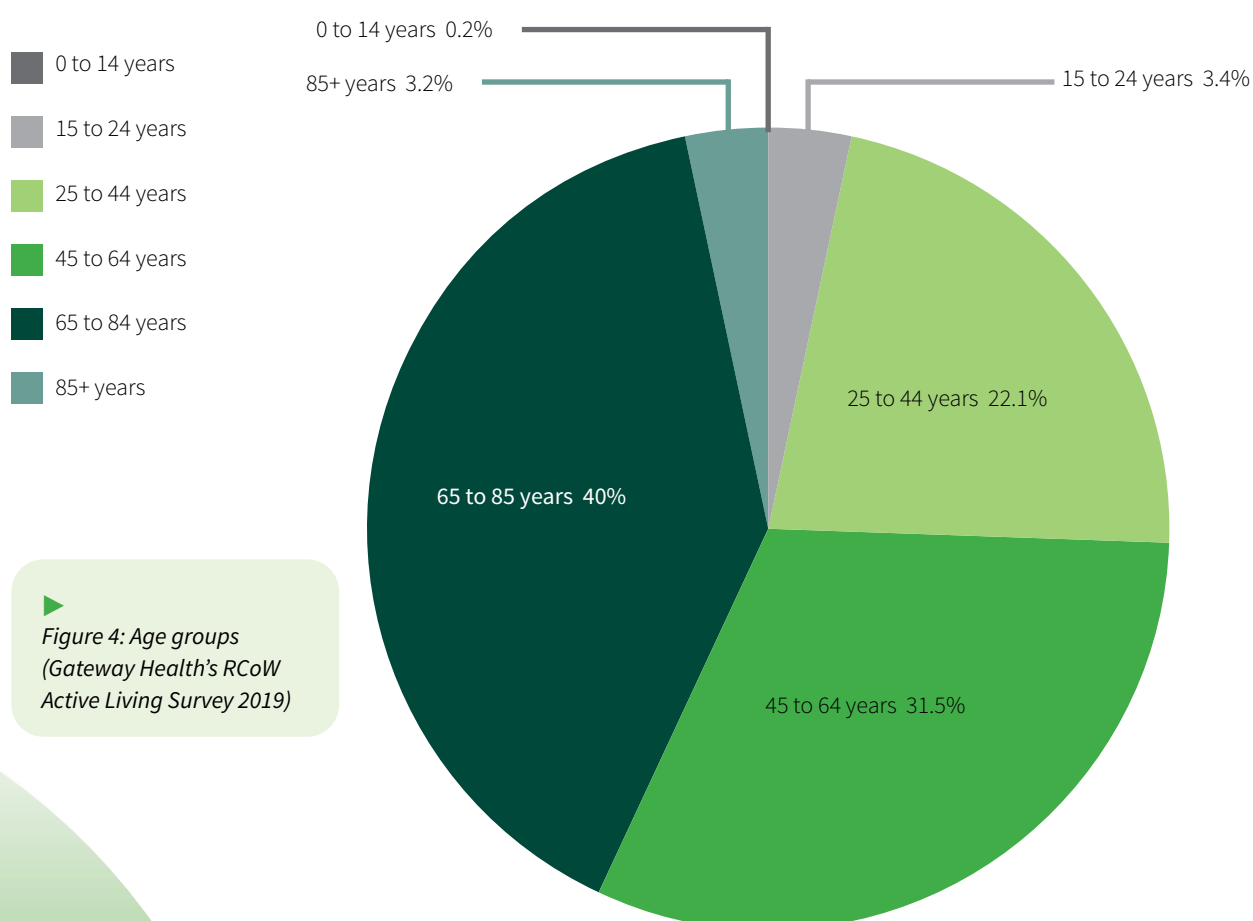
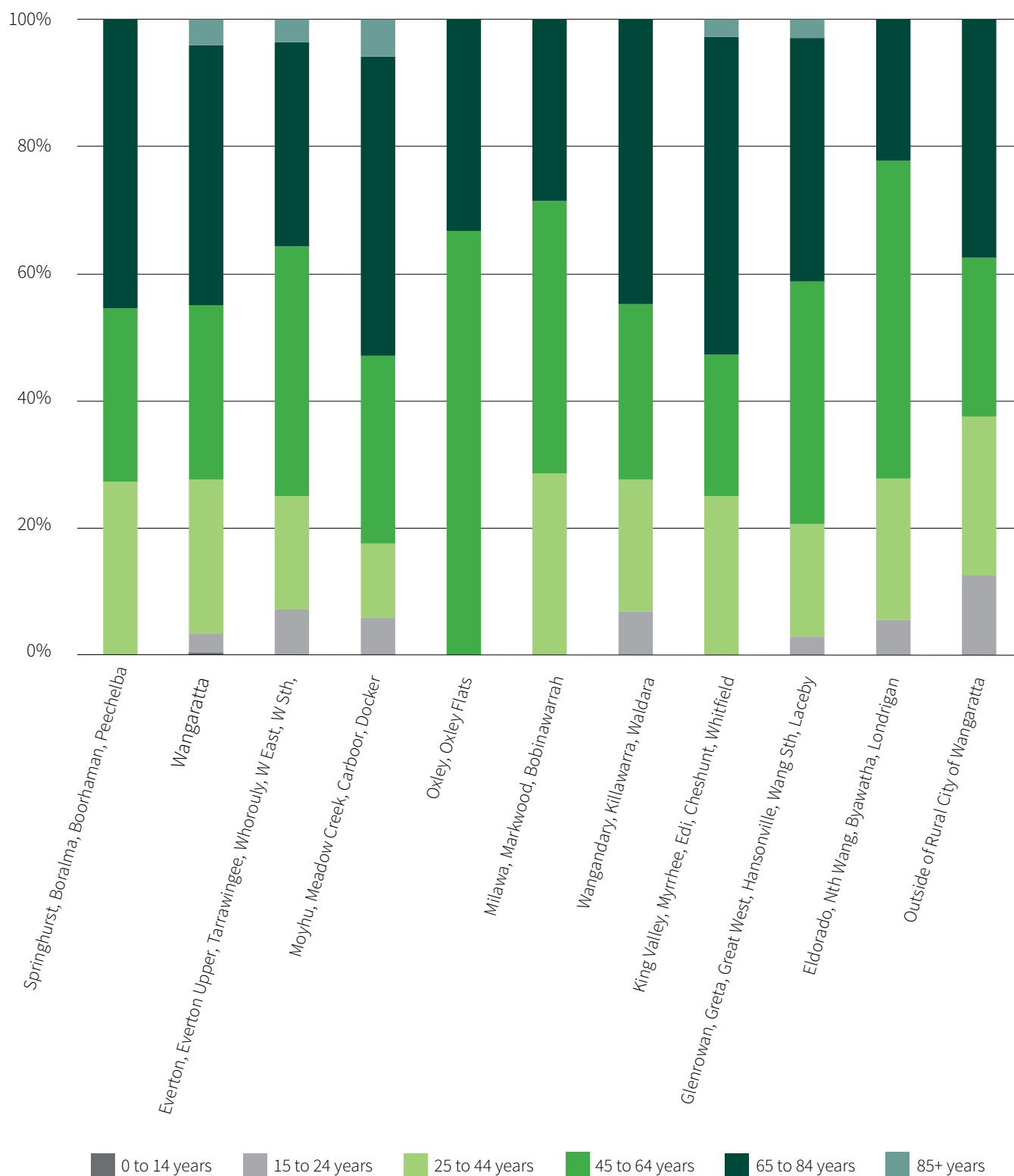


Figure 5 graphs the respondents by age group across location, indicating that one of the key target group of 65 years and over was well represented across all these locations.

AGE GROUPS OF EACH TOWN %



▲ Figure 5: Age groups by towns (Gateway Health's RCoW Active Living Survey 2019)

3.2.2 RESPONDENT'S PHYSICAL ACTIVITY

Table 4 shows the subjective rating of survey respondents in terms of overall level of satisfaction with amount of exercise they did, as well as rating the importance of physical exercise for themselves.

MISSING DATA MEANS % MAY BE <100%	WITHIN WANGARATTA	OUTSIDE WANGARATTA (WITHIN LGA)	TOTAL
Happy with level of exercise overall (self-reported) n (%)			
Yes n (%)	168 (57.1)	99 (48.3)	267 (53.5)
No n (%)	95 (32.2)	86 (42.0)	181 (36.3)
Importance of physical exercise			
0-19% n (%)	4 (1.5)	1 (0.5)	5 (1.1)
20-39% n (%)	2 (0.8)	1 (0.5)	3 (0.7)
40-59% n (%)	37 (14.1)	28 (15.1)	65 (14.5)
60-79% n (%)	39 (14.8)	25 (13.5)	64 (14.3)
80-100% n (%)	181 (68.8)	130 (70.3)	311 (69.4)

▲ Table 4: Snapshot of respondents' satisfaction of their physical activity (n=499) (Gateway Health's RCoW Active Living Survey 2019)

Table 4 above illustrates:

- 36.3% of respondents said they were not happy with the level of exercise they did
- 53.5% of respondents said they were happy with their level of exercise they did

When considering the breakdown of these results, it might be that:

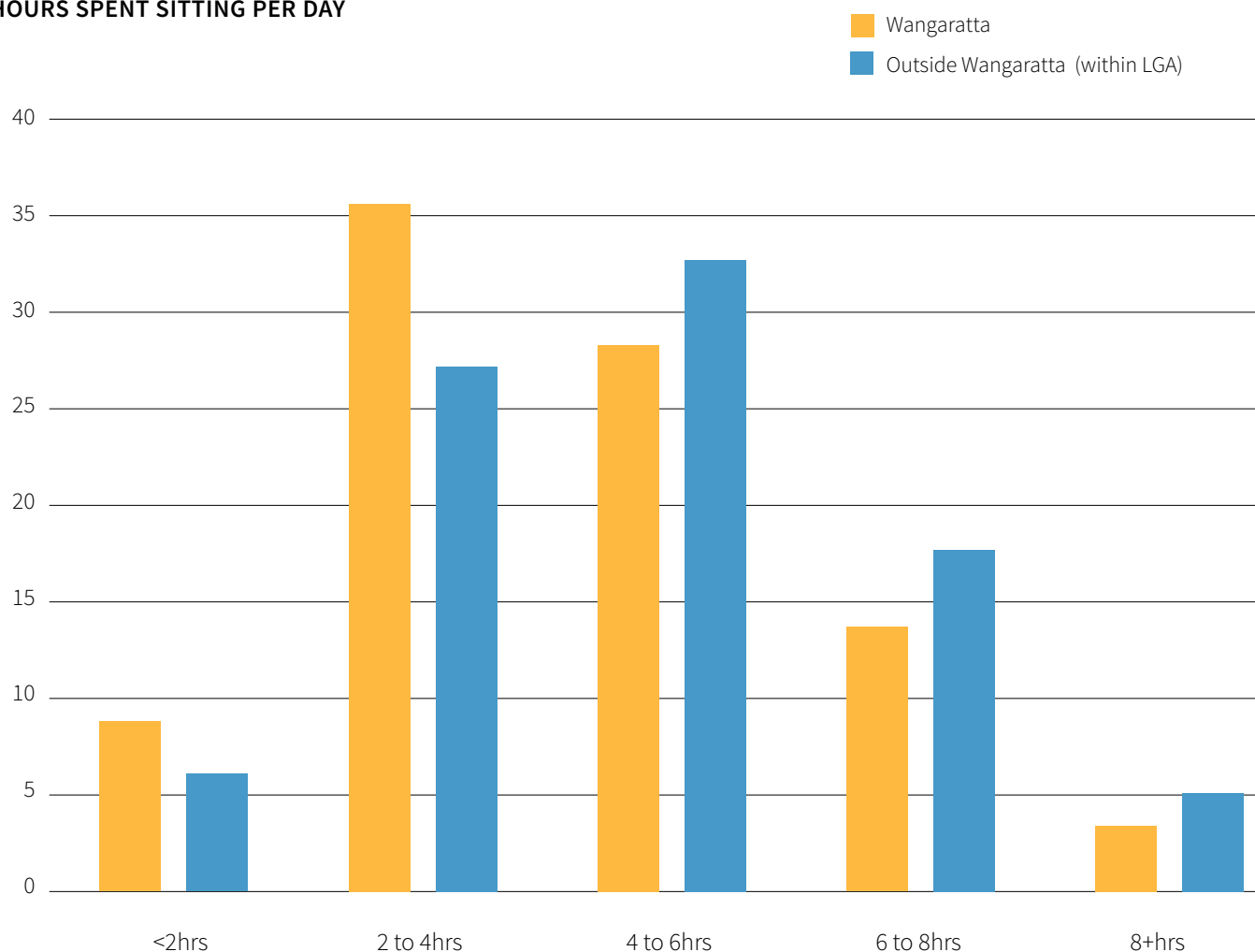
- Those who rated they were not happy with the level of physical exercise and those who rated physical exercise as not important to them were likely to not be meeting Australia's Physical Activity and Sedentary Behaviour Guidelines.

Figure 6 (opposite) shows respondents from the smaller regional towns have generally higher levels of sedentary behaviour when compared with respondents from Wangaratta.

Two possible explanations for this difference include:

- greater car travel due to geographic distance
- urban infrastructure supports higher use of active travel

HOURS SPENT SITTING PER DAY



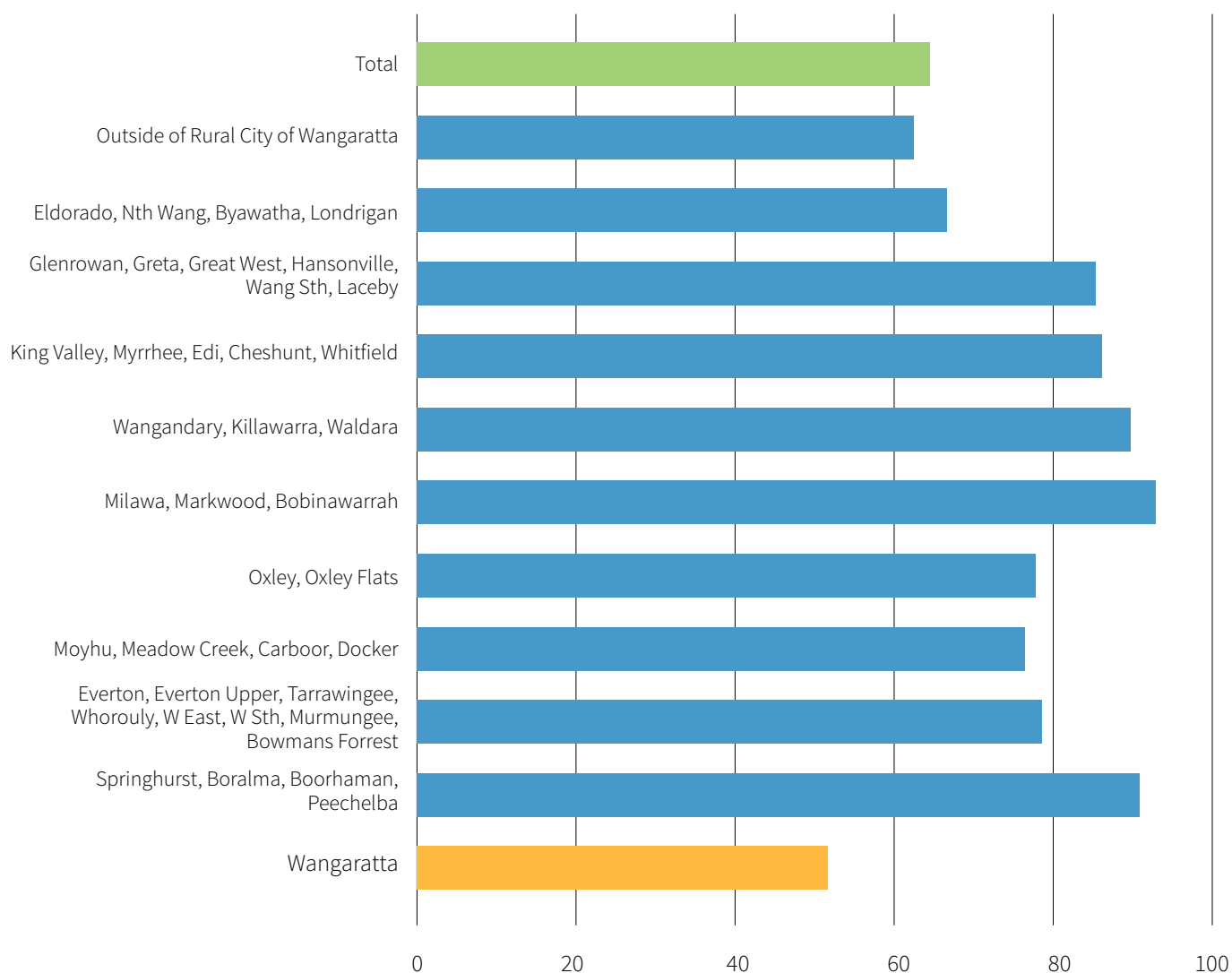
▲ *Figure 6: Hours spent sitting per day (Wangaratta/outside Wangaratta) (Gateway Health's RCoW Active Living Survey 2019)*

A limitation of the survey is that it did not drill down to the reasons for the self-reported sedentary behaviour. Some of the comments given by respondents provided insight into possible reason for this type of behaviour "...I spend a lot of time sitting down for work".

3.2.3 TRANSPORT

Figure 7 clearly demonstrates that respondents who live in outlying communities have a higher reliance on cars and motorbikes than those in Wangaratta.

PERCENTAGE WHO ALWAYS TRAVEL BY CAR OR MOTORBIKE



▲ Figure 7: People who always travel by car or motorbike (Gateway Health's RCoW Active Living Survey 2019)

The survey did not take an in-depth look at transport options, especially active travel such as cycling. However, CDM Research, Market Solution Pty Ltd conducted the National Cycling Participation Survey 2020 Rural City of Wangaratta. This survey measured residents' participation in cycling in the last 12 months. This external data collection provided additional insights on the cycling habits of residents within the RCoW LGA.

Summary of 'The National Cycling Participation Survey 2020 Rural City of Wangaratta' (CDM Research, Market Solutions Local Government Research Group 2020):

- Interviewed 480 households
- 115 people self-reported that they had cycled at least once in the last year
- 24.3% of residents rode a bike in a typical week
- More adult males rode their bike than adult females
- Children and teenagers made up the most numbers in riding in the last week.
- Of those residents who had cycled in the past month, 95% said it was for recreation and 12% for active travel
- Active travel for RCoW LGA residents was 31.6%. This rate was considerably less than the rate for other regional Victorian areas which was 41.1%

3.2.4 GATEWAY HEALTH RCoW ACTIVE LIVING SURVEY, PHYSICAL ACTIVITIES PARTICIPATED IN BY RESPONDENTS

Table 5 looks at the types of physical activity undertaken by children from ages zero to 18. The table also identifies location of survey respondents. Children's rates of activities were similar across the RCoW LGA. Nearly half of the survey respondents had children living within the RCoW LGA.

ACTIVITY	WITHIN WANGARATTA	OUTSIDE OF WANGARATTA
EXERCISE	Netball 23, 30%	Swimming 23, 30%
	Swimming 20, 26%	Football 21, 33%
	Football 13, 17%	Netball 15, 24%
PLAY	Ball sports 21, 47%	Ball sports 14, 35%
	Bike riding 15, 33%	Trampoline 13, 27%
	Trampoline 10, 18%	Bike riding 10, 21%
	*	Running 10, 21%
ACTIVE TRAVEL	Bike riding 24, 71%	Bike riding 14, 61%
	Walking 15, 44%	Walking 10, 44%
RECREATION	Walking/bushwalking 18, 35%	Walking, bushwalking 20, 42%
	Bike riding 18, 35%	Bike riding 13, 27%
	Swimming 9, 17%	Swimming 12, 25%

(*Number of responses were too low for analyses).

▲ Table 5: Type of activity undertaken by children of respondents including location of where they live (Gateway Health's RCoW Active Living Survey 2019).

Table 6 looks at the type of activities undertaken by the survey respondents over the age of 18. The table also identifies location of survey respondents. This table shows that respondents participate in similar activities regardless of the location of where they live, although there are some slight differences in ranking of most popular activity, according to location.

ACTIVITY	WITHIN WANGARATTA N (%)	OUTSIDE OF WANGARATTA N (%)
ORGANISED SPORT	Gym 57 (32.2)	Walking/bush walking 38 (31.3)
	Walking/bush walking 48 (27.1)	Gym 26 (21.7)
	Bicycle 26 (14.7)	Bicycle 17 (14.2)
RECREATION	Walking/bush walking 80 (48.5)	Walking/bush walking 59 (49.6)
	Bicycle 38 (23.0)	Bicycle 23 (19.7)
	Gardening 20 (12.1)	Gardening 23 (19.7)
ACTIVE TRAVEL	Walking/bush walking 67 (66.3)	Walking/bush walking 24 (51.1)
	Cycling 30 (29.7)	Cycling 11 (23.4)
	Sightseeing 15 (14.9)	Sightseeing 10 (21.3)
WORK	Walking/standing 56 (53.8)	Walking/standing 44 (45.8)
	Farm work 15 (15.6)	Unspecified 14 (13.5)
	Retired 14 (13.5)	Retired 6 (6.3)
HOUSEWORK	Unspecified 105 (57.4)	Unspecified 83 (60.6)
	Cleaning/vacuuming 63 (34.4)	Cleaning/vacuuming 40 (29.2)
	Gardening 28 (15.3)	Laundry 14 (10.2)

▲ Table 6: Type of activity undertaken by adult respondents including location of where they live (Gateway Health's RCoW Active Living Survey 2019).

Table 7 looks at activities undertaken for those under 65 years of age and those over 65 years of age. Again, results from respondents were similar in all categories of activity with some slight differences in the ranking of most popular activity, according to age.

ACTIVITY	<65 YEARS OLD N (%)	65 YEARS + N (%)
ORGANISED SPORT	Gym 67 (36.8)	Walking/bush walking 32 (27.8)
	Walking/bush walking 54 (29.7)	Golf 18 (15.7)
	Cycling 26 (14.3)	Cycling 17 (14.8)
RECREATION	Walking/bush walking 88 (50.9)	Walking/bush walking 50 (45.9)
	Cycling 46 (26.6)	Gardening 28 (25.7)
	Gardening 15 (8.7)	Cycling 15 (13.8)
ACTIVE TRAVEL	Walking/bush walking 67 (74.4)	Walking/bush walking 24 (41.4)
	Cycling 29 (32.2)	Sightseeing 19 (32.8)
	Sightseeing 6 (6.7)	Cycling 12 (20.7)
WORK	Walking/standing 94 (67.6)	Retired 19 (31.1)
	Unspecified 15 (10.8)	Farm work 14 (23.0)
	Lifting/carrying 11 (7.9)	Unspecified 10 (16.4)
HOUSEWORK	Unspecified 92 (50.8)	Unspecified 96 (69.1)
	Cleaning/vacuuming 69 (38.1)	Cleaning/vacuuming 34 (25.4)
	Gardening 24 (13.3)	Gardening 17 (12.2)

▲ Table 7: Type of activity undertaken by respondents according to under or over 65 years of age (Gateway Health's RCoW Active Living Survey 2019).

Table 8 looks at the type of activity identified by survey respondents according to healthcare/pension card status. Results from respondents were similar in all categories of activity with some slight differences in ranking of the activity, according to healthcare/pension card status.

ACTIVITY	HEALTHCARE/PENSION CARD N (%)	NO HEALTHCARE/PENSION CARD N (%)
ORGANISED SPORT	Walking/bush walking 34 (32.1)	Gym 67 (35.1)
	Gym 16 (15.1)	Walking/bush walking 52 (27.2)
	Cycling 13 (12.3)	Cycling 30 (15.7)
RECREATION	Walking/bush walking 44 (43.1)	Walking/bush walking 94 (52.2)
	Gardening 21 (20.6)	Cycling 49 (27.2)
	Cycling 12 (11.8)	Playgrounds/parks 22 (12.7)
ACTIVE TRAVEL	Walking/bush walking 24 (49.0)	Walking/bush walking 67 (67.7)
	Sightseeing 14 (28.6)	Cycling 32 (32.3)
	Cycling 9 (18.4)	Sightseeing 11 (11.1)
WORK	Retired 14 (24.6)	Walking/standing 90 (62.9)
	Unspecified 12 (21.1)	Unspecified 13 (9.1)
	Walking/standing 10 (17.5)	Farm work 11 (7.7)
HOUSEWORK	Unspecified 97 (72.4)	Unspecified 91 (48.9)
	Cleaning/vacuuming 27 (20.1)	Cleaning/vacuuming 76 (40.9)
	Gardening 13 (9.7)	Gardening 28 (15.1)

▲ Table 8: Type of activity undertaken by respondents according to healthcare/pension card status (Gateway Health's RCoW Active Living Survey 2019).

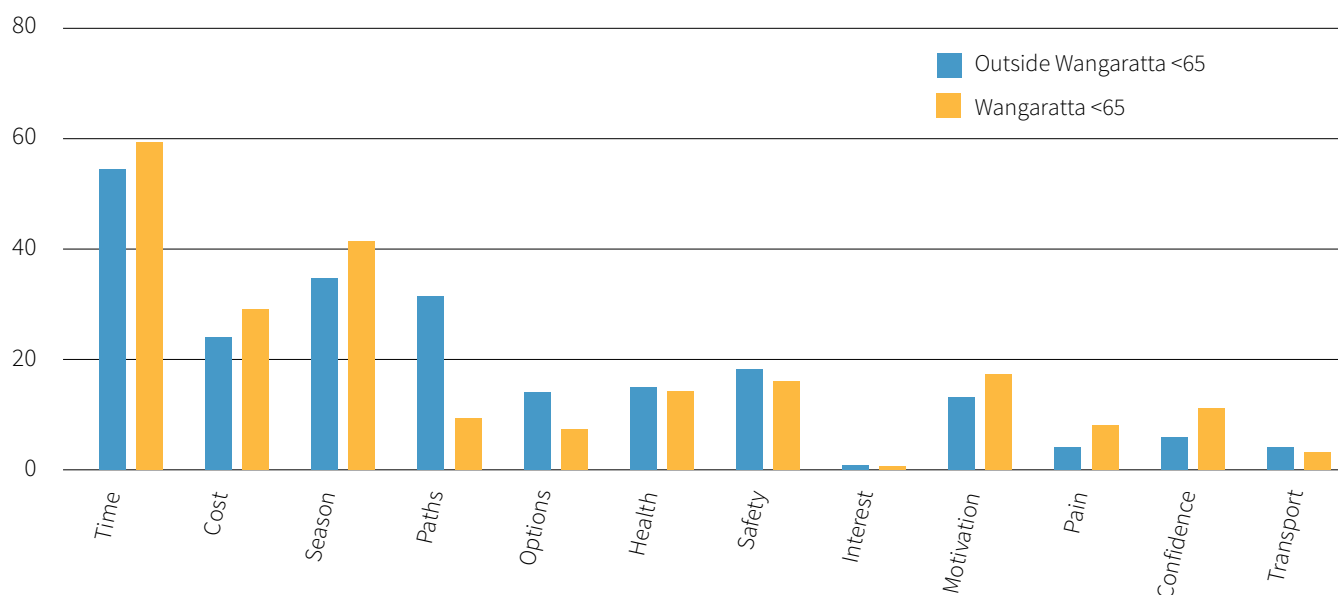
Overall tables 5-8 show respondents participating in many activities which contribute to their physical activity levels. For example, there is a diverse mixture of activities such as gym, walking/bushwalking, cycling, gardening and housework.



3.2.5 BARRIERS IDENTIFIED

Figure 8 shows the barriers for physical activity for people under 65 years according to their location. The most significant barrier is time, followed by seasonal changes

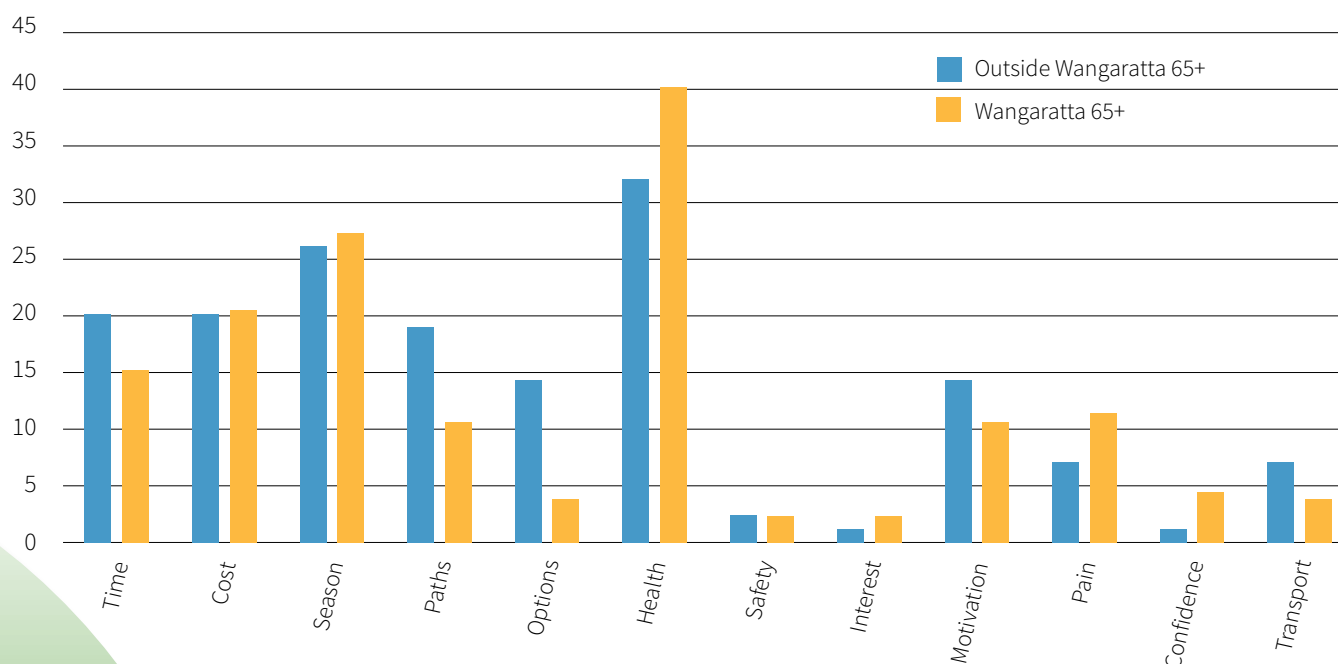
BARRIERS FOR PEOPLE AGED <65, OUTSIDE WANGARATTA AND WITHIN WANGARATTA



▲ Figure 8: Barriers for people aged <65yrs according to location. (Gateway Health's RCoW Active Living Survey 2019)

Figure 9 shows the barriers for physical activity for people over the age of 65 years, according to their location. The most significant barriers were health followed by seasonal changes, cost, infrastructure, and time regardless of whether they lived in or out of Wangaratta.

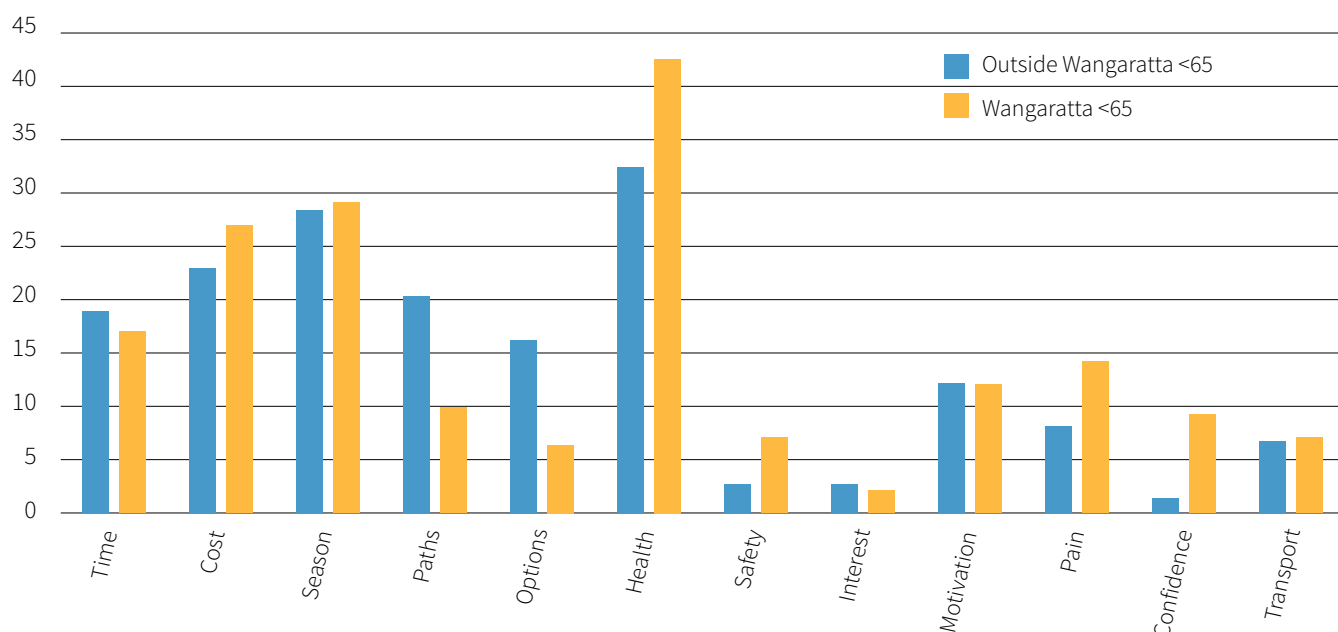
BARRIERS FOR PEOPLE AGED 65+, OUTSIDE WANGARATTA AND WITHIN WANGARATTA



▲ Figure 9: Barriers for people age 65+ according to location (Gateway Health's RCoW Active Living Survey 2019)

Figure 10 looks at the barriers for respondents with a healthcare/pension card, according to location. The most significant barriers for this cohort were health, season and cost, regardless of location.

BARRIERS FOR PEOPLE WITH HEALTHCARE/PENSION CARDS, OUTSIDE WANGARATTA AND WITHIN WANGARATTA (%)



▲ Figure 10: Barriers for people according to healthcare/pension card status (Gateway Health's RCoW Active Living Survey 2019)

Table 9 below identifies the top ten barriers of all survey respondents, according to location. Regardless of location, the main barriers overall are:

- Time
- Seasonal changes/weather
- Paths (infrastructure)
- Cost
- Health

TOP TEN	BARRIERS			
	WITHIN WANGARATTA N (%)		OUTSIDE OF WANGARATTA N (%)	
1	Time	116, 40%	Time	83, 41%
2	Season	103, 35%	Season	64, 31%
3	Health	76, 26%	Paths	54, 26%
4	Cost	74, 25%	Cost	46, 22%
5	Motivation	42, 14%	Health	45, 22%
6	Safety	29, 10%	Option	29, 14%
7	Pain	28, 10%	Motivation	28, 14%
8	Confidence	24, 8%	Safety	24, 12%
9	Option	17, 6%	Pain	11, 5%
10	Transport	10, 3%	Transport	11, 5%

▲ Table 9: Top 10 Barriers according to location (Gateway Health's RCoW Active Living Survey 2019)

3.2.6 IDENTIFICATION OF HELPFUL STRATEGIES

Table 10 below highlights the most common strategies to increase physical activity as identified by the survey respondents, according to location, age and healthcare/pension card status. Regardless of these three categories, the suggested strategies were almost identical.

	LOCATION		AGE		HEALTHCARE/PENSION CARD	
	WITHIN WANGARATTA	OUTSIDE OF WANGARATTA	<65 YEARS OF AGE	65+ YEARS OF AGE	HEALTHCARE/PENSION CARD	NO CARD
1	More paths or improved paths	More paths or improved paths	More paths or improved paths	More paths or improved paths	More paths or improved paths	More paths or improved paths
2	Affordability	Free activities	Free activities	Free activities	Free activities	Affordability
3	Free activities	Affordability	Affordability	Affordability	Affordability	Free activities

▲ *Table 10: Identification of helpful strategies according to location, age and healthcare/pension card status (Gateway Health's RCoW Active Living Survey 2019)*

Some other strategies to increase physical activity suggested by survey respondents, but which could not be ranked in table 10 due to lower number of comments were:

- Outdoor activities
- Changes to existing exercise facilities
- New activities
- Targeted exercise groups
- Addressing mindset
- Social activities

Various comments from respondents who completed the survey can be found in Appendix H to better understand individual respondents' perspectives.



3.3 FOCUS GROUPS

Two focus groups were conducted with a total of 19 participants. One group was in Wangaratta and consisted of all males who were over the age of 60. The other group was held in Moyhu with mostly men over the age of 50 but also included some women over the age of 40. A third focus group made up mostly of women was planned in Wangaratta but was cancelled due to pandemic restrictions.

In brief, participants generally reported:

- the importance of being active, not only for the health of their body but also their mind
- social connection was the key to helping people become active
- mainstream gyms were seen to be costly or intimidating and there was a perception of lack of staff support
- transport was an issue; both cost of running a car and a lack of, or infrequency, of public transport
- a lack of footpaths, especially in small towns like Moyhu
- one strategy that was purposed to increase physical activity levels was to fund small groups that would be supported by a health professional; transport could also be provided
- people with higher needs felt mainstream groups were not accessible or supportive



Photo 1:
Men's Fit Mates Group,
Gateway Health
(Focus Group Active Living
Mapping Project 2020)



Photo 2:
Men's Shed, King Valley
Learning Exchange
(Focus Group Active Living
Mapping Project 2020)

3.4 OBSERVATIONAL AUDITS AND GIS MAPPING FINDINGS

A summary from the observational audits and GIS maps found:

- Wangaratta's current infrastructure supports several [road rides](#) (cycling on the road) as well as the connecting Rail Trail throughout the RCoW LGA. Both these options offer great opportunities for recreational bike riding such as the [Murray to Mountain rail trail](#).
- Wangaratta itself has accessible public transport and a network of paths and cycling tracks for connectivity. The RCoW (2021c) [Walking and Cycling Strategy 2020 to 2030](#) has actions to continue to improve infrastructure for the RCoW LGA.
- There are good walking tracks and trails from the shared path network (Appendix I) in Wangaratta. There are also a variety of walks/hikes people can participate in within the RCoW LGA (Appendices J and K), for example [Warby-Ovens National Park walks](#).
- A visual audit using the [Heart Foundation's Healthy Active by Design Master Checklist](#) (Heart Foundation 2018) for twelve towns outside Wangaratta investigated how the towns' infrastructures (Appendix L) supported physical activity opportunities. Most outlying towns have some sort of community asset to encourage physical activity like a children's park or a recreation reserve with sporting facilities. Most of these smaller towns have inadequate footpaths or no footpaths at all. Lack of public transport or infrequency of public transport is also an issue in many of these towns.
- As part of this project, the RCoW Council created GIS maps for five towns outside of Wangaratta to demonstrate the way the built environment supported physical activity in these smaller towns (Appendix F). According to these GIS maps, these towns usually have recreational reserves with sporting facilities such as football ovals, netball courts, tennis courts and a children's playground. However, most of these smaller towns have inadequate footpaths or no footpaths at all. Lack of public transport or infrequency of public transport is also an issue in many of these towns.

3.5 REVIEW OF SUPPLEMENTARY COMMUNITY DATA

The review of supplementary community data allowed the project to build on the information gathered from the observational audit and GIS maps. It also helped to fill in gaps that were missed during observational audits. The review also provided a wider context about factors that can impact the community's ability to be physically active. The findings of this review included:

- [Public Transport Victoria](#) and Community Accessibility Inc 'Getting THERE Network' information enabled cross referencing with observational audits and GIS maps to highlight which towns in particular had poor public transport or no public transport. Public transport across the RCoW LGA is an issue, although a regional bus service exists that connects some, not all, of the smaller towns to Wangaratta. There is not, however, any public transport networks within the smaller towns themselves. As well, these smaller towns often do not have adequate footpaths to utilise active travel. Therefore, safety is a concern for those with mobility issues, wheelchairs, and prams.
- RCoW's (2021a) [Wangaratta Community Directory](#) listed 98 sporting clubs and associations available in the RCoW LGA for physical activity opportunities. This information helped to cross reference the visual audit and GIS maps to ensure recreational reserves were properly referenced in terms of available community assets, for example football ovals, netball courts and tennis courts.
- [The Census of Population and Housing](#) ranks towns in terms of an index of relative socio-economic disadvantage (IRSED), this ranking is shown in Appendix G. It is important to keep in mind that there are pockets of disadvantage within the RCoW LGA. These smaller areas of disadvantage are likely to have a diverse range of barriers to being physically active. Wangaratta South is the most disadvantaged area in the RCoW LGA with an IRSED score of 861.7 compared to Victoria IRSED score of 1,010 (ABS Census of Population and Housing 2016). See Appendix G for further information regarding this index.

4.0 DISCUSSION

The project aimed to establish an inventory of what services, groups and resources is currently available to support the community to increase physical activity rates. The project also sought to identify barriers and enablers for the community in being physically active.

Several key themes emerged about the identified barriers and enablers that was collected in the project. There was overlap amongst several themes.

4.1 BARRIERS TO BEING PHYSICALLY ACTIVE

The stakeholder interviews, focus groups and community survey all revealed similar barriers to physical activity. The most significant barriers were a lack of time, lack of quality footpaths, cost, weather, health problems, decreasing cognitive ability, lack of motivation and a perceived lack of options.

4.2 PHYSICAL ACTIVITY AND SOCIAL CONNECTION

The information collected in this project clearly indicated that social connection is a key motivator when participating in physical activity. This point was particularly supported by the stakeholder interviews and focus groups that saw social connection as one of the key ways to encourage and sustain physical activity.

The information collected in this project strongly supports previous findings from Kennedy (2018, p 21-23) that demonstrated that social aspects are an important factor in physical activity participation, particularly in regional and rural areas. Kennedy stated that while individuals initially appear to participate in physical activity for health reasons, social connection is a key motivator for continued involvement. The majority of the Active Living Survey respondents reported that they were socially connected in some way, through clubs or events. 83.7% of respondents also rated physical activity as being of high importance to them, indicating a possible correlation between social connection and physical activity.

4.3 TRANSPORT AND ACTIVE TRAVEL

The Active Living Survey showed a heavy reliance on car travel. Suitable footpaths are a key component to increasing active travel options. Improving footpath infrastructure was one of the top strategies to increase physical activity as identified from stakeholder interviews, focus groups and survey respondents. Advocating for the continued improvement in infrastructure that supports active travel is crucial; one avenue for this advocacy is through the RCoW Council's Municipal Health and Wellbeing Plan.

Most key stakeholders talked about the importance of their clients having access to transport, especial frail older people who lived alone and did not drive. This cohort relied on others to get them to and from appointments. The lack of, or infrequency, of public transport in smaller towns, was often cited as a barrier for people to be active.

4.4 LACK OF COMMUNITY AWARENESS ABOUT AVAILABLE OPTIONS FOR PHYSICAL ACTIVITY

Stakeholder interviews identified a range of physical activity options, groups and resources within the RCoW LGA that were available to the community. This included many options for the 65 plus age group which was one of the main target groups of this project. Stakeholders often suggested that the community may not be aware of these options and more promotion and coordination was needed.

The information provided by the survey respondents supported the key stakeholder findings that suggest the community is not always aware of activities that are available to them to be physically active. Respondents put forward strategies for increasing community physical activity levels but often these options already existed. For example, one respondent wrote: "an exercise park, I see the little ones around town but a more specific one with lots of different activities in Mitchell Avenue would be fantastic" However outdoor exercise stations are already available in Mitchell Avenue. This example illustrates the need for increased community awareness about the options for physical activity.

Photo 3:
*Exercise equipment
in Mitchell Avenue
Wangaratta*



Whilst there is a wide range of activities for people to choose from to be active, approximately one quarter of the survey respondents reported cost as a barrier to being active. This financial factor would therefore impact on the range of realistic options they would be able to choose from so whilst more promotion of groups/activities are needed, the cost factor needs to be considered when looking at accessibility of activities. Future promotion of events can emphasise the physical activity options that are free or affordable.

4.5 SEASONAL CHANGES AND CLIMATE CHANGE

Survey respondents often identified that seasonal changes affected their ability to be active. Therefore, it may be necessary to consider the influence of climate change and how this compounds the seasonal changes that impact on physical activity. Victoria's Climate Change Adaptation Plan 2017-20 (State of Victoria 2016) discusses the future that Victorians are likely to see because of climate change. With more hot days, bushfire seasons are being predicted to go for longer. Smoke haze, like the January 2020 bush fires' haze that blanketed the RCoW LGA, can have a serious impact on people's health and their ability to be active. Victoria's Climate Change Adaptation Plan looks at how all levels of the community could address climate change and adapt to it so that they can continue to have a healthy community. For example, improving the number and accessibility of footpaths to encourage active travel is a simple climate change strategy that could be included in Council's Municipal Health and Wellbeing Plan, whilst simultaneously increasing physical activity.

4.6 GAP IDENTIFIED

One of the main target groups of this mapping project was the 65 plus age group. When the research for this project was conducted, there was a comprehensive range of local programs that exist which provide activities to be physically active and to keep people socially connected (e.g. Gateway Health, neighbourhood houses, University of the Third Age, gyms). However, the consequences of COVID-19 may have had an impact on the range of these programs.

The project identified a gap for the second target group in terms of their options to be physically active. This group referred to vulnerable groups, which were identified as those people not meeting Australia's Physical Activity and Sedentary Behaviour Guidelines, and/or not socially connected and/or are financially challenged, for example have a healthcare/pension card. Whilst there are still a wide range of options for them to be active, if this cohort of people have additional needs such as health/cognitive conditions, mental health issues, disability, financial restraints or are young families with limited or no childcare, then typically mainstream options to be physically active may not suit them. This diverse cohort typically requires extra support to be active and currently there are limited low cost, well supported options for them.

5.0 RECOMMENDATIONS

The recommendations provided below align with the Victorian Public Health and Wellbeing Plan 2019-2023 (State of Victoria 2015). This plan includes increasing active living as a priority. RCoW Council's new Municipal Public Health and Wellbeing Plan for 2021-2025 will align with the State Plan. One of the recommendations of the 2019-2020 Active Living Mapping Project's for Wangaratta and Surrounds is to inform the RCoW Council's Municipal Public Health and Wellbeing Plan for the active living priority area. This Active Living Mapping Project report and its recommendations will also be shared with key stakeholders to encourage collaboration and a more coordinated approach. This report will be available as a resource tool for the community, with the aim of providing data and recommendations to assist grant applications and project planning, which aim to increase opportunities for physical activity levels in the community.

5.1 RECOMMENDATION 1: INFRASTRUCTURE (WALKING AND CYCLING PATH) IMPROVEMENTS

It is recommended that new walking and cycling paths be designed and built. It is also recommended that there is continuous improvement and maintenance of existing pathways throughout the RCoW LGA. The most significant feedback from the survey about improving activity rates was for more and improved walking and cycling paths. These improvements could include better lighting, water bubblers and seating along these paths. One specific suggestion that many respondents commented on was for the installation of a path from Whitfield to Cheshunt.

The respondents of the National Cycling Participation Survey 2020 Rural City of Wangaratta (CDM Research, Market Solutions Local Government Research Group 2020) identified the need for improvements to bike paths with better connections between paths and schools/shops, increased signage highlighting the bike paths, more on-the-road bicycle lanes and additional bicycle parking. The RCoW (2021c) [Walking and Cycling Strategy 2020 to 2030](#) supports this recommendation.

Tackling climate change will be a key priority area for RCoW council as per their new Municipal Health and Wellbeing Plans for 2021-2025. This priority also aligns with Victoria's Climate Change Adaptation Plan 2017-20 which highlights the collaborative work that the Department of Environment, Land, Water and Planning will do with councils to help the community to minimise harm of climate change and to act on opportunities to adapt to climate change (State of Victoria 2016, p.7). Improving footpaths/ bike paths to encourage active travel is a simple climate change strategy that could be included in RCoW Council's plan whilst simultaneously influencing increased physical activity.

5.2 RECOMMENDATION 2: PROMOTION OF EXISTING EVENTS AND FACILITIES (FOCUSING ON FREE AND AFFORDABLE OPTIONS)

Before COVID-19 there was a substantial number of physical activity opportunities within the RCoW LGA. Active Living Survey respondents often identified the need for specific potential physical activity options, which in fact already existed. Consequently, there needs to be improved promotion of available physical activity services, activities, and resources to increase community awareness of existing physical activity options. Additional emphasis on free and affordable physical activity options is also highly recommended.

The RCoW's (2021a) [Wangaratta Community Directory](#) is a recommended resource for supporting further promotion of groups/ services that run existing physical activity opportunities.

5.3 RECOMMENDATION 3: COLLABORATIVE AND PARTNERSHIP APPROACH

The [Heart Foundation's Healthy Active by Design Master Checklist](#) notes that 'the best outcomes for encouraging and supporting physical activity come from working collaboratively with government agencies, land developers and the community as each stakeholder group has an important role to play in the delivery of healthy communities' (Heart Foundation 2018). It is recommended that a more collaborative approach is needed with how services and groups work together to promote and build on their work to support the community to become more physically active. As a starting point, the RCoW Active Living Network could facilitate this collaboration.

The RCoW Active Living Network currently comes together to share information, promote programs, and build relationships to provide opportunities for the community to be active. It is recommended that membership is expanded to represent multiple sectors, such as health, education, transport, planning, sports associations, community members, professional associations, government agencies, academic and research institutes along with private businesses. This collaboration would facilitate joint initiatives such as grant applications and referral pathways to physical activity groups. Long term, the network could work towards community ownership and facilitating co-design of future physical activity initiatives.

5.4 RECOMMENDATION 4: PROMOTE OPPORTUNITIES FOR INFORMAL RECREATION AND MULTI-USE SPORTING/RECREATION FACILITIES

During the stakeholder consultations for this project, Sport North East highlighted Vic Health's evidence that Australia is seeing an increase in demand for non-formal, social connecting activities and that there are benefits to multiple community groups to use existing facilities such as sports stadiums, and school ovals/buildings.

It is therefore recommended that organisations not traditionally associated with the sport and active recreation system, facilitate opportunities to be active and socially connected. This might be achieved using sporting clubs and facilities that already exist in the smaller towns to increase physical activity. This would reduce travel and increase usage of already existing local facilities.

5.5 RECOMMENDATION 5: BUILDING HEALTHY ENVIRONMENTS: A SETTINGS APPROACH

5.5.1 SPORTS CLUBS AND INDIVIDUALS

Cost concerns were repeatedly identified as a barrier to being physically active, especially for traditional sports. The RCoW Council, in recognising this barrier, developed the [Active Wangaratta Grants](#) and [Individual Athlete Assistance Grants](#) to build the capacity of clubs and individuals to increase participation in local and non-local athletic competitions and programs (Rural City of Wangaratta 2021b). It is recommended that the Active Wangaratta Grant and the Individual Athlete Grant continue to be offered by Wangaratta Council.

It is recommended that RCoW Council offer an additional funding opportunity to encourage vulnerable people to access physical activity opportunities. This new grant would extend the scope of existing grants to include other physical activity options, other than sporting events and clubs. It is proposed that the funding for this new grant is shared from the Individual Athlete Assistance Grant monies. The creation of this new grant would help address the gap identified in this project for the vulnerable cohort of the community to become more physically active.

5.5.2 WORKPLACES

The Active Living Survey identified lack of time as one of the main barriers for being physically active. As well respondents often reported long periods of sedentary behaviour due to their work. Workplaces can have a positive influence on physical activity levels in the community. The ABS in 2018 measured how work influences activity levels and how it can dramatically improve them.

It is therefore recommended that incidental exercise is built into the workplace. This can be accomplished through the [Victorian Healthy Workplaces Achievement Program](#) (State of Victoria 2018), which provides support for workplaces to build healthy environments for their employees. This free program provides resources and guidance for workplaces to create a healthy environment. Designed for workplaces to progress through at their own pace, the program builds on strategies already happening within the workplace, and offers a state-wide recognition of achievement for supporting employees to be healthy and well.

6.0 LIMITATIONS/CONSIDERATIONS OF RCOW ACTIVE LIVING MAPPING PROJECT

There were several factors that reduced the amount and range of the data collected for this project:

- Bushfires reduced ability to conduct stakeholder interviews
- Bushfires delayed some survey promotion
- COVID-19 pandemic restrictions removed the opportunities for remaining community focus groups and stakeholder interviews. Although these restrictions reduced the amount of data collected, solid themes were evident throughout the existing data
- Due to the timing of the survey, the impact of COVID-19 and the implementation of restrictions will be reflected in some of the survey data
- Another potential limitation relates to the issue of self-reportage which was the basis for both the Victorian Population Health Survey and the Active Living Survey when measuring physical activity levels of respondents
- Survey respondents often identified that seasonal changes affected their ability to be active. Therefore, it may be necessary to consider the influence of climate change and how this compounds the seasonal changes that impact on physical activity.



7.0 CONCLUSION

Physical inactivity and sedentary behaviour are primary risk factors for chronic disease. Increased participation in physical activity contributes to the prevention and treatment of disease as well as promotion of health and wellbeing (WHO 2018). Local data indicates that a large proportion of RCoW LGA residents are not meeting the recommended Australia's Physical Activity and Sedentary Behaviour Guidelines. The target groups for the project were people over the age of 65 and vulnerable groups. For this project the vulnerable group was classified as those people who do not meet the recommended Australia's Physical Activity and Sedentary Behaviour Guidelines, and/or not socially connected, and/or are financially challenged, for example have a health care/pension card.

This project set out to establish an inventory of what is currently available in the RCoW LGA to support the community to increase physical activity rates and to investigate potential barriers and enablers that can influence people's physical activity levels. Information was gathered through stakeholder interviews, a community survey, focus groups, observational audits, GIS map analysis and a review of supplementary community data.

The project found that the key barriers to physical activity were lack of time, cost, weather, lack of knowledge, people's health conditions, and transport and accessibility. Key strategies identified from the project to support the community to be more active were improved infrastructure (footpaths) and public transport as well as increasing the amount of free and affordable options for people to be active. Another key finding from the project was related to the importance of social connection as a motivating influence for people to be active and maintain their physical activity levels.

Based on the findings of this project it is recommended that several strategies are put in place to facilitate an increase in physical activity, particularly in the target cohorts of this research. Recommendations include improving walking and cycling paths and promoting existing physical activity opportunities and resources. It is also recommended that a settings approach to building healthy environments in sports clubs and workplaces is implemented. The findings indicate that a collaborative approach between community groups and organisations representing multiple sectors would be beneficial in achieving increased physical activity levels in the community.

These recommendations will be used to inform, advocate and action improvements in levels of physical activity. Future steps to increase physical activity in the community include advocating for the incorporation of these action recommendations in the RCoW Council Municipal Public Health and Wellbeing Plan. The data in this project report can also be used to inform infrastructure planning, project planning, organisational and community planning and grant applications.



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APPENDICES

APPENDIX A: STAKEHOLDER INTERVIEW INFORMATION SUMMARY (ACTIVE LIVING MAPPING PROJECT 2020)

Stakeholder interviews took place prior to COVID-19 restrictions. It is important to note that many of the activities and groups mention below had to stop or amend what they were doing considering restrictions.

STAKEHOLDER	EXISTING PHYSICAL ACTIVITY OPPORTUNITIES	OPPORTUNITY IN FUTURE
COUNCIL	<p>Community directory on council website outlines a variety of opportunities, including: sporting clubs, neighbourhood houses, other community groups, recreation reserves</p> <p>Various maps on council website around accessible parking, shared path network, walking tracks</p> <p>In the past have had things like free 'Summer in the Park' activities</p> <p>Council has re-designed their website with an age-friendly slant</p> <p>Community grants</p> <p>Wangaratta Active grants are aimed at sporting clubs as well as individual athlete assistance grants seeking funding to help their participation in their sport at a state/national level</p>	<p>Community directory can become outdated. Consider how to encourage those on the directory to maintain correct contact details</p> <p>Individual athlete grants could be modified to create a category for supporting people who are more vulnerable/health issues that need extra support to be able to access exercise</p> <p>Walking and cycling strategy 2020 to 2030. Promote project and town plans outcomes</p> <p>Advocate for inclusion of mapping project recommendations in Council Public Municipal Health and Wellbeing plan</p>
NORTHEAST HEALTH	<p>Rehabilitation activities exercise groups</p> <p>Allied Health clinicians</p> <p>Well Aging Vision and Engagement (WAVE) Project</p> <p>Healthy Workplaces Achievement Program</p>	<p>Referral pathways for these community members when transitioning out of services to be explored</p>

STAKEHOLDER	EXISTING PHYSICAL ACTIVITY OPPORTUNITIES	OPPORTUNITY IN FUTURE
GATEWAY HEALTH	<p>GP</p> <p>Allied Health clinician</p> <p>Various exercise groups including: small gym groups, Tai Chi, walking groups</p> <p>Often restricted depending on eligibility criteria</p> <p>Often low in cost, well supported with staff client ratio; groups often have a wait list</p> <p>Registered with and completed Victorian Healthy Workplaces Achievement Program</p>	<p>These groups typically have a waiting list. More funding is needed to expand. Explore change management strategies as participants who are often able to move on to a mainstream group do not wish to. This creates no new spaces. Opportunity to investigate how to support these people to move to mainstream groups. This model was widely liked by those attending and something like this for those under 65 years is needed for those vulnerable people needing extra support. Advocating for funding for this cohort is needed.</p>
SPORTS NORTH EAST (SNE)	<p>Increasing Physical Activity for 55 yrs. and over</p> <p>SNE provides support to sporting clubs, assists with grant writing support for clubs and information on governance</p> <p>SNE has a sports library where people/groups/schools/clubs can borrow various sporting equipment</p> <p>SNE are seeing a shift away from organised sports to more recreational activity to fit in with people's busy lifestyles. Also, less expensive than committing for a whole sports season. Opportunity to capitalise on this trend</p> <p>Registered with Victorian Healthy Workplaces Achievement Program</p>	<p>Promote the support SNE can offer to sporting clubs or the help they can provide community groups to write and submit grant application</p> <p>Many stakeholders/respondents were unaware of the sports library</p> <p>Improve promotion of the Sports library</p> <p>Programs are often short term funded - opportunity to explore partnerships to ensure sustainability</p>

STAKEHOLDER	EXISTING PHYSICAL ACTIVITY OPPORTUNITIES	OPPORTUNITY IN FUTURE
YMCA	<p>Wide range of pool/gym activities for all ages</p> <p>Also deliver some older exercise specific classes</p> <p>A discounted membership is offered for people over 50 years of age</p> <p>Open Doors Program –Shower facilities are offered at \$2. This money goes to fund the Open-Door Program that can fund a variety of community or individual issues. For example, to give a discount to a member who is experiencing a difficult time.</p> <p>Has previously helped to coordinate Walk to School month in October</p>	<p>Promotion of the discount membership for people over 50 years addressing the gap identified for those people under the age of 65 years</p> <p>Marketing to improve perceptions of gyms. Further exploration about what the community would like to see for the environment to feel welcoming for them</p> <p>With the facilities management now being coordinated by Council, investigate new possibilities, advocate for retention of the older members' discount. Advocate for the continuation of the Open-Door program.</p> <p>Advocate for council representative of the gym to sit on the RCoW Active Living Network</p>
PANGERANG COMMUNITY HOUSE	Usually deliver various physical activity groups, depending on tutor/funding available	Promote and build sustainability of these groups. Opportunity for a collaborative approach to supporting neighbourhood houses.
OPEN DOOR NEIGHBOURHOOD HOUSE	<p>Dog-walking group</p> <p>Exercise groups operate depending on availability of tutor/funding</p>	Promote and build group sustainability of these. Opportunity for a collaborative approach to supporting neighbourhood houses.
KING VALLEY LEARNING EXCHANGE	Gateway Health Tai Chi Group eligibility criteria	<p>King Valley Learning Exchange is open to offering other activities and working collaboratively</p> <p>Explore other exercise options</p>

STAKEHOLDER	EXISTING PHYSICAL ACTIVITY OPPORTUNITIES	OPPORTUNITY IN FUTURE
TRANSPORT FOR VICTORIA	Support council with their local plans Focus on improved access to transport, Consider and promote active travel	Opportunity to work together to map public transport options especially in smaller towns and rural areas trains cannot take bikes if a replacement bus is needed, it cannot transport bikes Opportunities to advocate for active travel
NORTH EAST MULTICULTURAL ASSOCIATION (NEMA)	Social connection groups depending on funding	Engage with the group to promote what they do as well as share information with them
OLDER PERSON MENTAL HEALTH	Program sessions	Engage with the group to promote what they do as well as share information with them
UNIVERSITY OF THE THIRD AGE (U3A)	Walking group and other social activities groups	Opportunity to promote what they do and collaborate to expand programs and use as a community information medium
PROBUS	Various groups in the community that can be both active and social	Engage with the group to promote what they do as well as share information with them
PARKRUN	Free, social, accessible, family friendly weekly 5km walk/run	Good group to tap into to promote what else is out there Free, social accessible group to promote to community that suits all ages

APPENDIX B: GATEWAY HEALTH 2019 RURAL CITY OF WANGARATTA ACTIVE LIVING SURVEY



Rural City of Wangaratta Active Living Survey

Introduction

Thank you for taking part in this survey. It should only take around 5-10 minutes.

To complete this survey you:

- MUST live in the Rural City of Wangaratta (RCoW)
- can be any age or gender

The aim of this survey is to find out about active living in the RCoW, specifically:

- what is limiting people to be physically active; and
- what could be done to improve opportunities to be active.

Win a Prize!

When you complete this survey you will go in the draw to win a \$100 voucher to spend on activities or products to help you be active, a \$40 fruit and vegetable hamper and three YMCA trial memberships. We are pleased to share our findings with you and you will have the opportunity to include your contact details for either the prize or findings.

Please note, your contact details will not be linked to your responses. Your details will remain confidential.

Project Background

The RCoW Active Living Mapping Project aims to understand the current state of active living in the RCoW. This will be done by:

- speaking with organisations and groups to understand active living barriers and opportunities;
- distributing this survey to learn from community members about active living; and
- mapping services, groups, facilities and parks to understand opportunities for being active and to determine how connected they are by paths etc.

These steps will provide the background to understanding active living which will help to inform recommendations to improve health and wellbeing in the RCoW.

Definitions

Active living and being physically active means moving your body and using energy to do this, for example, playing, working, walking, bike riding and gardening.

Active travel is any transport that involves physical activity such as walking or riding.

Being socially connected means frequently seeing others and involves the quality and the number of interactions people have with their community.

Privacy of Information

All survey responses will remain anonymous. If you provide your personal information, it will only be used in the context that you consent for. This information will be kept secure and only viewed by those employed on the Active Living Project. No information will be used for marketing purposes.

Thank you!

Sarah Nevin: 0357 232 077 sarah.nevin@gatewayhealth.org.au

* 1. Where in the Rural City of Wangaratta (RCoW) do you live?

* 2. What is your postcode?

* 3. Are you of Aboriginal and/or Torres Strait Islander origin?

☐ Yes ☐ No ☐ Do not wish to comment

4. What country were you born in?

* 5. What is your age group?

☐ 0-14 ☐ 45-64
☐ 15-24 ☐ 65-84
☐ 25-44 ☐ 85+

* 6. What is your gender?

☐ Male ☐ Other
☐ Female ☐ Do not wish to comment

7. Do you have a health care card / pension card?

☐ Yes ☐ No

* 8. Do you have children living in the RCoW?

☐ Yes
☐ No

* 9. How old are your children?

	Newborn - Preschool	Primary School	Secondary School	Not applicable
Child 1:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 2:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 3:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child 4:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Children:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 10. Please explain what your children do to be physically active? In answering this question think about all activities, including sport, play, active travel, and recreational activities.

Exercise and organised sport:

Play:

Active travel:

Recreational activities:

Other comments:

* 11. How do you and/or your family get from home to a usual destination? For example work, school, shopping, community group. Please tick all that apply.

	Always	Sometimes	Never
Drive / motorbike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 12. How important is being physically active to you?

Not important Moderately important Very important

☐ ☐ ☐

* 13. Are you happy with the level of physical activity you do?

☐ Yes ☐ No

Please explain further

14. How long do you spend sitting during an average week day?

- ☐ Less than 2 hours a day
- ☐ 2-4 hours a day
- ☐ 4-6 hours a day
- ☐ 6-8 hours a day
- ☐ 8 + hours a day

* 15. Please explain what you do to be physically active? In answering this question think about all activities, including sport, play, work, active travel, house work and recreational activities.

Exercise and organised sport:

Recreation and play:

Active travel:

Work:

House work:

Other:

* 16. What makes it hard for you and/or your family to be physically active? Please tick all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Time | <input type="checkbox"/> Not interested |
| <input type="checkbox"/> Cost | <input type="checkbox"/> Not motivated |
| <input type="checkbox"/> Seasonal changes (e.g., lack of daylight, too hot/cold) | <input type="checkbox"/> It is too painful |
| <input type="checkbox"/> Lack of paths | <input type="checkbox"/> Lack of confidence |
| <input type="checkbox"/> Lack of options | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Health condition(s) | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Concern for my safety or my kids' safety | |
| <input type="checkbox"/> Other (please specify) | |

17. What do you think would help you, or people in your area, to be more physically active? For example, free activities such as parkrun, better paths etc.

18. Do you attend groups or events that help you to connect with others?

☐ Yes ☐ No

19. What groups or events do you attend that help you to connect with others?

20. Where are these groups located?

- ☐ Wangaratta City
- ☐ Outlying town within Rural City of Wangaratta
- ☐ Other location outside of Rural City of Wangaratta
- ☐ Multiple locations (in and/or out of Rural City of Wangaratta)

21. Do you have any further comments relating to active living that you want to make?

Please complete the information below if you wish to receive any feedback/prize from the project.

Privacy of Information

All responses to the survey above remain anonymous even if you provide your personal details.

If you provide your personal information, it will only be used in the context that you consent for. This information will be kept secure and only viewed by those employed on the Active Living Project. No information will be used for marketing purposes.

22. Please indicate below which options (if any) you are interested in.

Provide your name and contact details so we can respond.

- ☐ Copy of project report that includes recommendations to help people to be more physically active in RCoW. Available after June 2020.
- ☐ Interested to be contacted in the future for further feedback.
- ☐ Go into the draw for the prizes - drawn May 2020.

23. Contact details - please complete your name and preferred method of contact.

Name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

APPENDIX C: 2020 ACTIVE LIVING MAPPING PROJECT FOCUS GROUP QUESTIONS

1. How much physical activity do you think you need to do daily or weekly to maintain good health?
2. What do you do to be physically Active? E.g. garden, dance, housework, non-mainstream activities, yoga. Discussion around service availability in RCoW, LGA pros/cons, those that are used/not used.
3. What makes it easy for you and or family/friends to be active?
4. What makes it hard for you and or family/friends to be active?
5. What do you think would help people to be more active in our community?
6. Any other comments people would like to add to the discussion?



Photo 4:
*Men's Fit Mates Group,
Gateway Health
(Focus Group Active Living
Mapping Project 2020)*



APPENDIX D: ACTIVE LIVING MAPPING PROJECT 2020 FOCUS GROUP THEMES

Number of total participants 19

1. Fit Mates group, Gateway Health, 27 February 2020
2. Men's Shed group, Moyhu, 04 March 2020

UNDERSTANDING OF AUSTRALIA'S PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR GUIDELINES

Most participants knew about the 30 minutes a day required for physical activity, however some thought it was more like 2 hours a day to keep healthy. Others said that it depends on the person, could be 5 minutes a day could be 1hr, all comes down to the individual and their ability, health etc. Further it was thought that some people need to do a required amount per day because of their health conditions. One questioned – what is activity? Others gave examples such as a 'good strong walk, something that gets the heart pumping'

PHYSICAL ACTIVITIES COMMONLY PARTICIPATED IN

House work; vacuuming, dishes, making the bed, mowing lawns, cleaning

- Exercise groups, e.g. Fit Mates 1-2 per week, Heart Foundation walking group, Active Rural Community programs run by Gateway Health
- Activities in the home; treadmill, exercise bike
- Activities in the community; bike riding, bowls, fishing, walking the dog
- Incidental activity; 'When I'm talking on the phone I walk a lot', walking in lunch break

REPORTED BENEFITS

- Physical activity reported as physically and mentally very rewarding
- Social connection and keeping the mind busy was noted repeatedly as very important for health
- Being active and keeping well prevents early entry into aged care facilities, it keeps people in their own homes for longer
- Prevention to falls, hospitalisation and social isolation

EASE OF BEING PHYSICALLY ACTIVE

- 'It comes easily as I'm doing housework and I'm out and about daily'
- If you've got something you're interested in it helps you to get out
- The dog needs walking, he needs me 'he walks me' (i.e., feeling relied on)
- Transport that collects people for their exercise group
- Having equipment (e.g. walker)
- Walk to do jobs e.g. walk to post office, service station, walk up to the house to do things during the day (on farm), walk to letter box (which is miles up the road)
- Park further away from where you need to go and walk
- Service providers; qualified, one-on-one instructors are so helpful, assessment conducted prior and individual needs known, comradery of group noted, people sit and chat in between activity, this communication is said to be important for attendance. As something like this is more favourable compared with going to gyms where it can be more overwhelming, as left on your own, not supervised and can be less welcoming and more expensive
- Activities in the home - helps with seasonal changes when it is too hard to get out and when there are mobility issues and don't feel confident going for a walk in the community
- Gateway Health calendar of events was reported as useful and informative 'I would bring a friend or neighbour to Gateway Health for appointments and grab the brochure when I came to see what was going on, it was good'
- 'Gateway Health offer a really good service all around', friendly staff, a wide range of services, most people don't realise just how much is on offer

DIFFICULTIES OF BEING PHYSICALLY ACTIVE

- Services at capacity e.g. offered to limited demographics and room to offer more classes are not available
- Services have diminished in rural areas
- Health conditions e.g. mobility, memory, medications
- Public transport; not on offer or difficult to access especially in smaller towns
- Lack of awareness of what services are on offer
- Infrastructure/facilities not available e.g. no connections between footpaths, no swimming facilities for rural towns
- Lack of opportunities, particularly in rural areas (aside of mainstream sports)
- Cost e.g. of fuel, club participation
- Changes with times; increased technology use, less activities at home (e.g. people used to have veggie gardens)

PROMOTING PHYSICAL ACTIVITY

- Offering transport for getting to and from group activities
- Resolving parking issues (at services and around town) as elderly people's driving skills and confidence is affected
- Improved accessibility (e.g. into venue, surfacing, transport, bus stop locations)
- Improved public transport
- Free activities offered by RCoW and other services e.g. Seniors Week activities
- Increased number of staff/volunteers at aged care facilities i.e. to get people out for a walk, offering art, dance, cooking classes, Bingo at their facilities
- Connections between, improved and newly built footpaths
- Offering classes more frequently (e.g. Fit Mates) means more people can go and it is not too costly, more equipment would be needed. The Active Rural Community model run by Gateway Health is a good model. It really needs more money and space behind it so it can be expanded.
- Health Professionals letting people know of what is on offer i.e. 'social prescribing', recommendation by doctor (e.g. to a group or activity)

ADDITIONAL COMMENTS AND RECOMMENDATIONS

King Valley Learning Exchange could offer activities to the community, through facilitation by Sports North East (SNE). Like how Gateway Health run Tai Chi out of the venue to bring the community together. Bringing the services to the community, need to understand the interest of the community. Great to not to travel to Wangaratta (as discussed above), project is specific to people of 55years+. Survey could be conducted to inform project in Moyhu

Recommendation? SNE to offer activities to meet needs identified here

Recommendation? Approach YMCA (has since been taken over by Council) and about perceived image by some in the community of being intimidating. Large discussion around not feeling welcome at the YMCA, not feeling like staff are approachable. The social side being so important the idea of taking a friend to help with transitioning to the gym might be helpful. The group acknowledge the cost of the gym \$12 a week for older people was cheaper than Fit Mates.

Moyhu – highlighted that Moyhu does have some great assets when it comes to being active, there is the bowls club, card afternoon, tai chi, men's shed, King Valley Learning Exchange, dance studio, gymnastics for kids, netball and football clubs, tennis club.

Men's Shed - Marketing of group is important to open it up to people to consider attending, e.g. people think you must have building skills to come along to the men's shed but it's not the case, just don't have to have skills, we share skills, get together and nut out how to fix things and it is exercise for the brain

Recommendation? Promote existing opportunities, particularly in rural areas, make links to health benefits of physical activity, find communication methods that suit community/demographics

Greta – craft group, used to have a wait list to join this and now there's only about 20 people, maybe because they've moved or passed away, 'it wasn't just about sewing, it was about getting together', pity this has dwindled but this is what Neighbourhood House s are all about and this is what we need to do a lot more of, it is about community engagement (participant reported that research shows people who are well connect have a less likelihood of suicide).

Moyhu not as connected as it used to be, young mums used to get together at houses, New Year's Eve party, Melbourne Cup eve party, involved in the football club, more social connection, you don't find that much here anymore, have noticed this over the past 10 years, there no communication and the groups that do exist in Moyhu do their own thing

Recommendation? SNE to introduce new activities, could start with something simple like Finska, they're a social group, "it is all about connection but engaging people is the hardest thing, they're time poor and working or retire and shrink into the home or move into Wangaratta, getting them in the door is the hardest part", one participant said the bowls club brings entertainment like a singer and the wider community come along to the hall, "we get people from everywhere coming, it's the 'carrot'".



PUBLIC OPEN SPACE

Objective:

PROVIDE A RANGE OF PUBLIC OPEN SPACES THAT CONTRIBUTE TO THE RECREATIONAL, PHYSICAL AND SOCIAL NEEDS OF ALL MEMBERS OF THE COMMUNITY.

Principle	Considerations	Strength of evidence	Yes	No	N/A
Access: Public use of open spaces can be improved by ensuring that they are easily accessible to, and by, all members of the community	Do all community members have at least one open space within a 400m - 800m walk?	***			
	Are there clear pedestrian and cycle routes, designated crossings, and suitable ramps to, and within, the open space?	***			
	Are the public open spaces accessible to people of all ages, genders and cultures, including those with disabilities and limited mobility?	***			
Function: Open spaces assist in meeting the physical, recreational and social needs of a community.	Have the open spaces been designed to meet the diverse needs of the community? How were those needs identified?	***			
	Are there a range of uses that promote physical activity and community interactions? How do these uses generate activity throughout the week and day and night?	***			
	How are the open spaces and supporting infrastructure managed and maintained?	***			
Design: Open space designs that respond to their surrounds can enable a strong connection to the community and the environment.	Does the open space reflect the cultural heritage and identity of the site, and the character of the surrounding community?	***			
	How well do the surrounds contribute to safety? Do nearby buildings and streets overlook the space? Is there adequate lighting within the space?	***			
	How does the open space respond to existing environmental conditions such as drainage, slopes and retaining trees?	***			
Process considerations: Establish linear connections and access along the coast, public foreshores, wetlands and waterbodies to enhance opportunities for physical activity. Undertake a community needs assessment to identify open space needs. Consider roles and functions within public open spaces holistically to resolve needs across the open space network.					



Healthy Active by Design



COMMUNITY FACILITIES

Objective:
CO-LOCATING COMMUNITY FACILITIES HELPS TO MAXIMISE THE EFFICIENCY OF TRAVEL NETWORKS, ENHANCE SERVICE PROVISION AND PROMOTE PASSIVE SURVEILLANCE WHICH ENCOURAGES PHYSICAL ACTIVITY.

Principle	Considerations	Strength of evidence	Yes	No	N/A
Composition The layout or position of community facilities that enable multiple uses can provide health and socio-economic and economic benefits.	Have community facilities been co-located with amenities of a similar or complementary nature? (e.g. schools with libraries, sport and recreation centres and day care facilities)	***			
	Does the design of community facilities allow for the public and independent operators to access communal spaces and services (e.g. parking, toilets and function halls)?	***			
	Has the positioning of facilities been planned to enable passive surveillance?	***			
	Do the facilities provided offer a range of activities that meet the needs of the community?	***			
Flexibility Facilities that can accommodate multiple functions may better serve the community and encourage greater use.	Does the range of activities ensure activation through the day and night, and across all days of the week?	**			
	In developing areas, has the community facility been organised to allow for interim uses while the area is established?	*			
Process considerations: Ensure shared use agreements are in place early, establishing clear demarcation of ownership, liability, maintenance costs and responsibilities, as well as scheduling of use.					



HEALTHY FOOD

Principle	Have you considered...	Strength of evidence	Comment / Response
ACTIVITY CENTRES			
Access to fresh and healthy food Activity centres that provide fresh and healthy food opportunities to promote healthier diets.	Can governance processes and policies be put in place to ensure the provision of a diverse range of retailers, inclusive of fresh and healthy food options? If so, how? If not, how can the barriers be minimised?	**	
	Does the centre or neighbourhood design facilitate healthy food stores being provided and prioritised in terms of location prominence as part of the land use / destination mix within the activity centre?	**	
	Does the land owner or activity centre manager (such as the local authority, shopping centre operator or other institution) have in place organisational or governance measures to coordinate the use of infrastructure/land for occasional use by local food producers, such as farmers' markets?	**	
	How can the activity centre include flexible spaces that can accommodate a range of temporary healthy food activities, such as farmers' markets?	*	
	How can the activity centre include community or public open space that can be used for local food production, such as a community garden?	*	
MOVEMENT NETWORKS	What mechanisms / strategies can be put in place to restrict unhealthy fast food takeaway restaurants in close proximity to schools and day care centres?	**	
	Safe and connected street networks Inclusion of safe, convenient, attractive and continuous path and cycle networks that allow pedestrians and cyclists to access healthy food destinations.	**	
	Do residential streets enable the planning of street verges by the community for local food production?	**	
	How can the determining authority have governance arrangements in place to enable approval of and guide design of residential street verges for local healthy food production?	**	



MOVEMENT NETWORKS

Objective:

AN ACCESSIBLE, CONNECTED MOVEMENT NETWORK INTEGRATES WALKING, CYCLING AND PUBLIC TRANSPORT ROUTES, FACILITATES SAFE AND CONVENIENT TRAVEL WITHIN NEIGHBOURHOODS, AND ENCOURAGES USE OF DESTINATIONS.

Principle	Considerations	Strength of evidence	Yes	No	N/A
Connections Movement can be enhanced through the provision of safe, connected, convenient, continuous, easily navigated and attractive links.	Do the streets, footpaths and cycle ways connect to each other and to destinations?	***			
	Are these connections well lit, with shade and shelter, as well as directions or signposts, to encourage their use?	***			
	Is there more than one route between destinations to provide variety in active transport options and experiences?	***			
Infrastructure The inclusion of safe, functional and highly visible infrastructure encourages a range of travel options.	Are facilities such as bike racks, drinking fountains, change rooms and lockers provided at destinations?	***			
	Are public transport stops provided within suitable proximity to dwellings and destinations?	***			
	Have stops along routes been provided offering shade/ shelter, seating and lighting?	***			
	Have facilities been designed for all users including the young, the elderly and those with disabilities?	***			
Streetscape Design Streets that have been designed to accommodate all transport users encourage more movement.	Does the street design work for all users, including pedestrians, cyclists, public transport and cars?	***			
	Have the streets been designed in response to their surrounds?	***			
	Do roads narrow near schools with footpaths becoming wider? Are there crosswalks and pedestrian crossing points to connect movement networks?	***			

Process considerations:

Consider prioritising walking as the preferred means of travel. Think about wait times at traffic lights, the size of footpaths compared to roadway widths and prioritising pedestrian crossing points. Modes of transport have evolved over time. Have future transport needs been accommodated in the street design?



SENSE OF PLACE

Objective:
MEETING THE NEEDS OF THE COMMUNITY, PRESERVING PLACES OF INTEREST, USING LOCAL BUILDING MATERIALS, HIGHLIGHTING LOCAL STORIES AND HISTORY, AND RESPONDING TO THE LOCAL CLIMATE, CAN ALL CONTRIBUTE TO DEVELOPING AND ENHANCING A SENSE OF PLACE AND ENCOURAGES PHYSICAL ENGAGEMENT WITH THESE SPACES.

Principle	Considerations	Strength of evidence	Yes	No	N/A
Heritage and Culture Understanding the built and cultural heritage of a place can provide insights for designs that strengthen ties to the community.	Is the heritage of the place evident through the use of local building materials, colour schemes and vegetation choices?	*			
	Have design choices been informed by the cultural identity of the place, based on the social, economic, environmental and indigenous history?	*			
	Have heritage and cultural features been acknowledged, integrated or protected?	*			
Consultation Encouraging both current and future communities to participate in design and development decisions contributes to a sense of place and builds ownership and respect.	Has community consultation been employed to determine infrastructure needs and desires?	*			
	Has the community been engaged and involved in the design of the public realm, civic buildings and public art?	*			
Process considerations: Consider undertaking heritage assessments and community consultation to identify a sense of place and then use this to inform design guidelines and project briefs for local projects.					



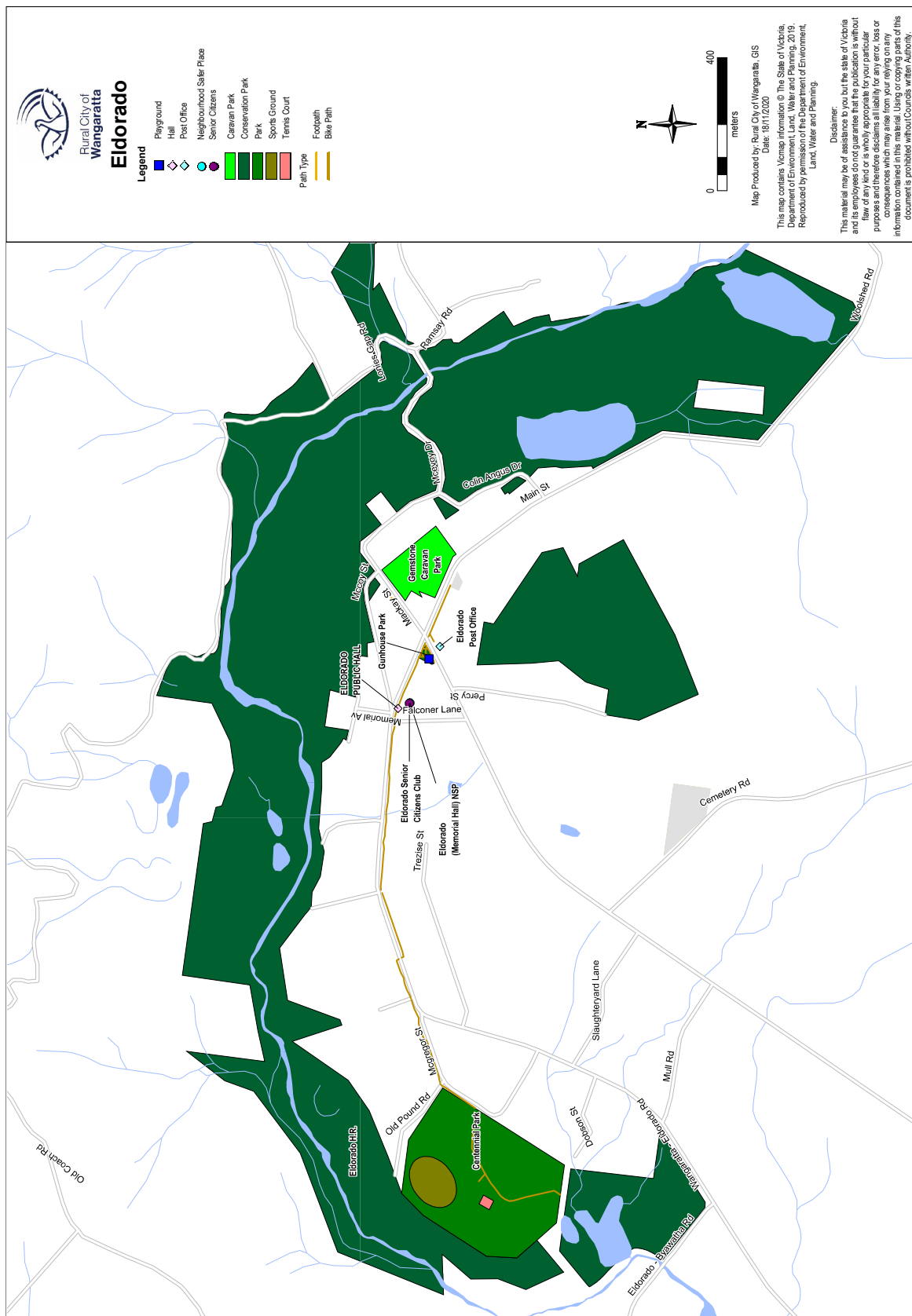
BUILDINGS

Objective:

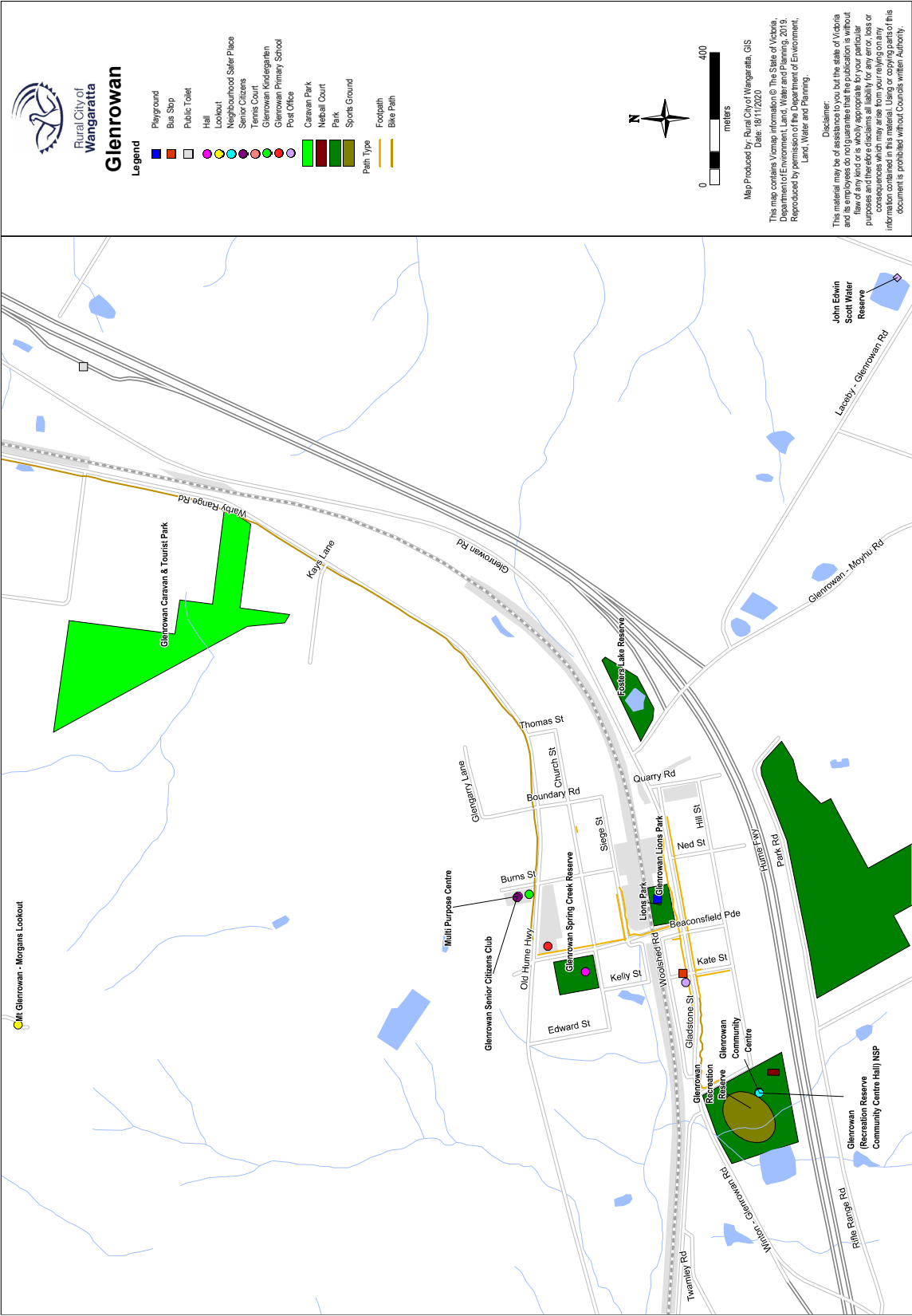
BUILDINGS DESIGNED TO PROMOTE INCREASED PHYSICAL ACTIVITY STIMULATE INCIDENTAL MOVEMENTS, ENHANCING SOCIAL AND EMOTIONAL WELLBEING, FACILITATING NATURAL SURVEILLANCE AND IMPROVING ENVIRONMENTAL CONDITIONS.

Principle	Considerations	Strength of evidence	Yes	No	N/A
Context Well-designed buildings can improve health outcomes by engaging with their surroundings.	Has the building been designed to contribute to street activation and allow natural surveillance of the surrounding community?	***			
	Are street level pedestrian and cycle entries visible, well-lit and connected to the street?	***			
	Has walking and cycling been prioritised over vehicle access?	***			
	Where appropriate, have awnings or verandahs been provided on the exterior of the building to provide shade and shelter over footpaths?	***			
Interior The provision of specific services and facilities within a building, and the overall design of the building itself can encourage a healthier lifestyle.	Have facilities that promote and support physical activities, such as a gymnasium, exercise classes and end of trip facilities (lockers/showers/change rooms) been provided?	***			
	Has the building been designed to promote incidental physical activity and laid-out to encourage movement and social interactions (e.g. choosing stairs over elevators)?	***			
	Does the design accommodate all users, including those with mobility issues?	***			
	Has the building been designed to provide for the comfort of the occupants?	***			
Process considerations: Consider using health promotion campaigns to inform building users about the benefits of physical activity. Consider slowing elevator speeds to encourage walking as a faster option or locking elevator use to dedicated floors.					

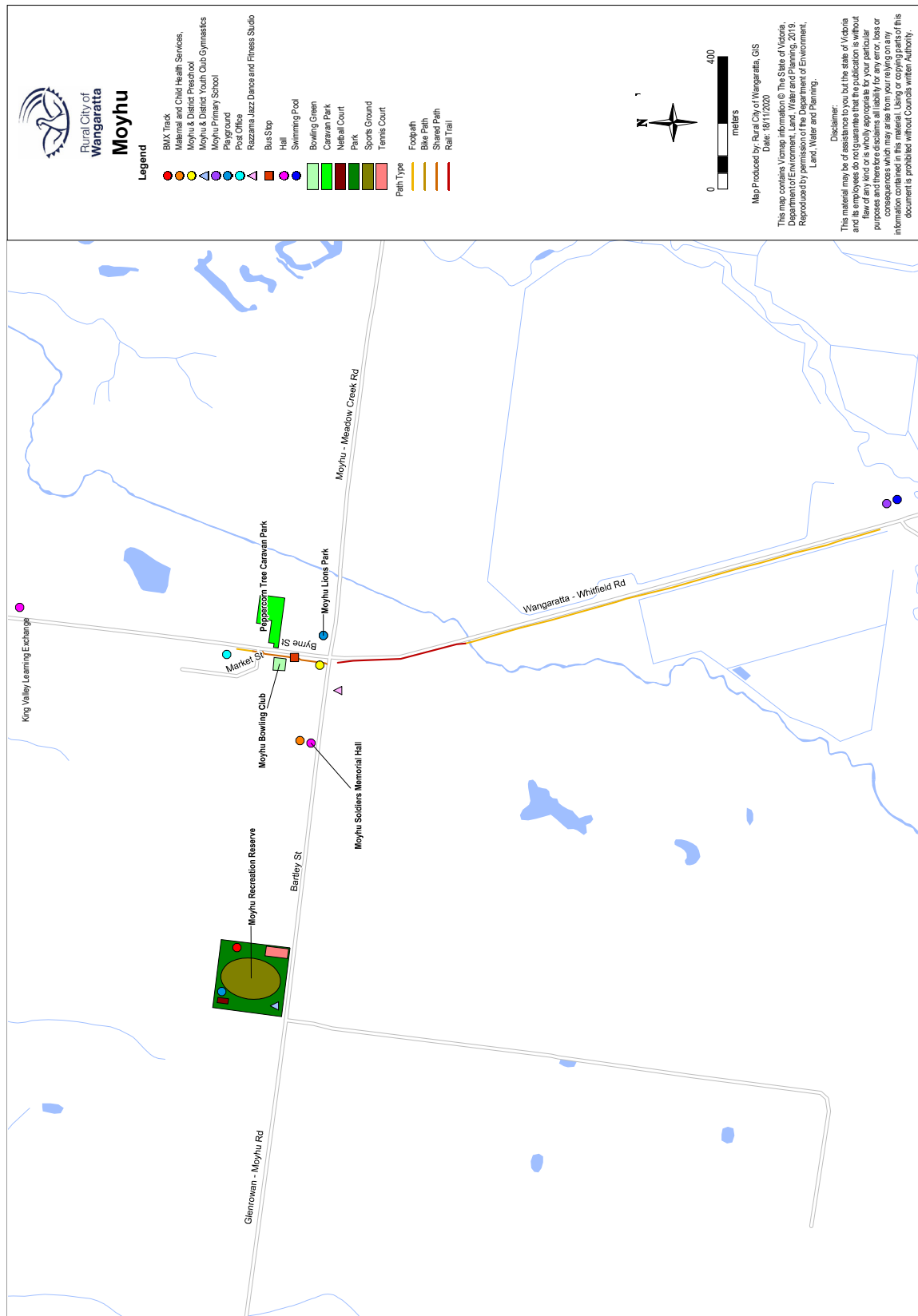
APPENDIX F (i): RURAL CITY OF WANGARATTA GIS MAPS (RURAL CITY OF WANGARATTA 2020B) ELDORADO



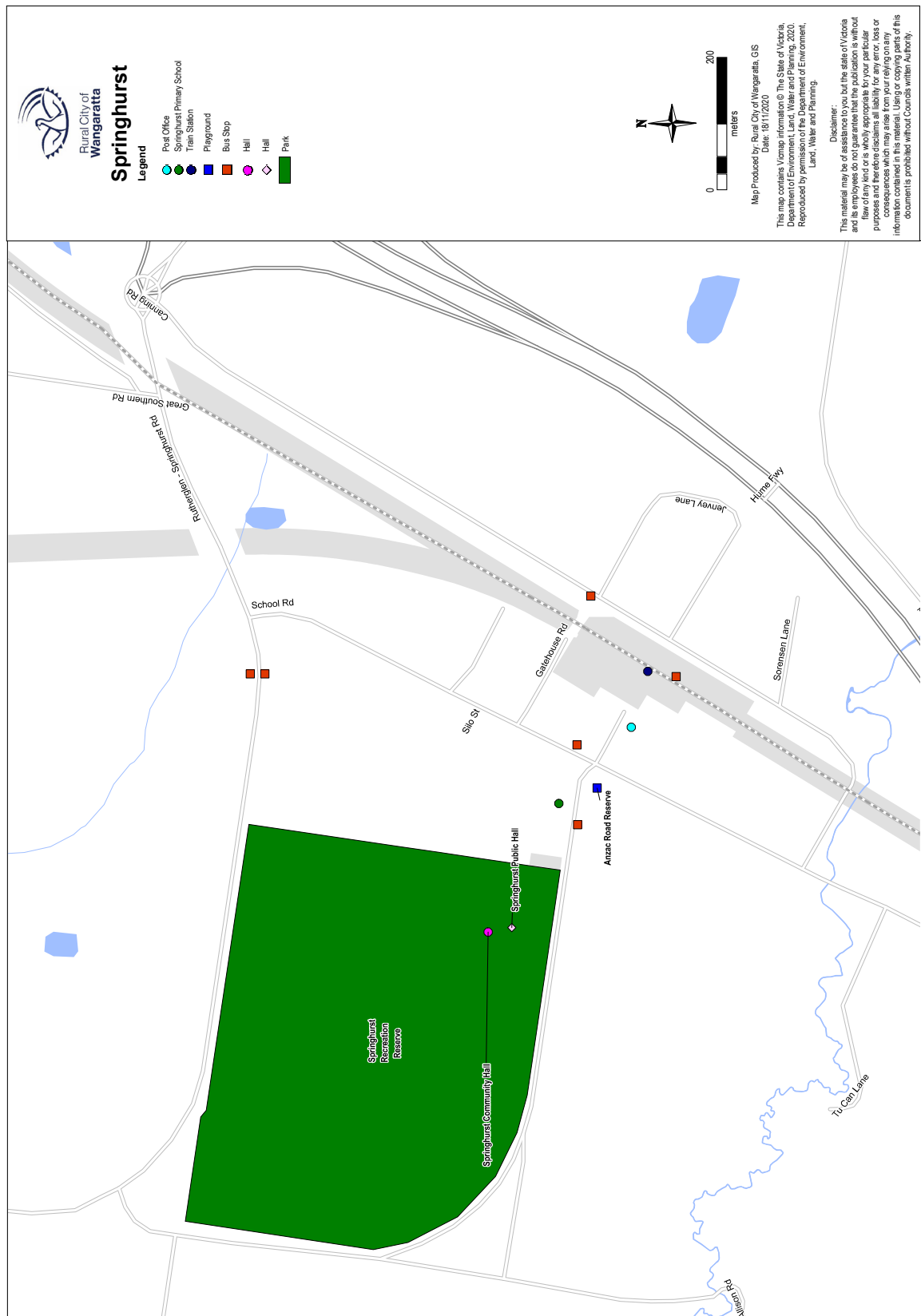
APPENDIX F (ii): GLENROWAN



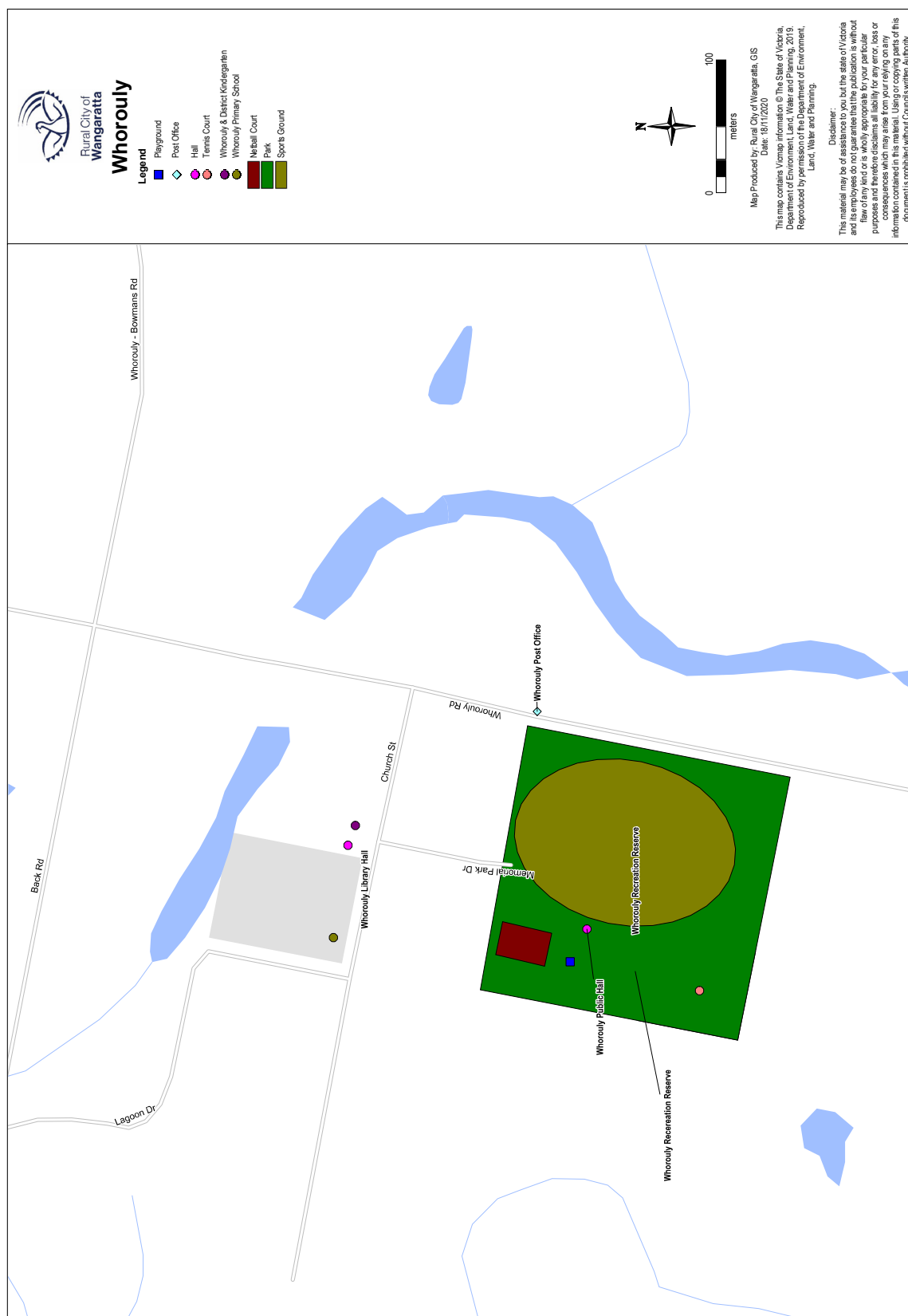
APPENDIX F (iii): MOYHU



APPENDIX F (iv): SPRINGHURST



APPENDIX F (v): WHOROULY



APPENDIX G: INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE

(Australian Bureau of Statistics 2019, [Census of Population and Housing](#) '2016', Compiled and presented in atlas.id by .id)

In 2016, Wangaratta South scores 861.7 on the SEIFA index of disadvantage, indicating it is the most disadvantaged area in the RCoW.

The index of relative socio-economic disadvantage is derived from attributes such as low income, low education attainment, high unemployment, jobs in relatively unskilled occupations and variables that broadly reflect disadvantage rather than measure specific aspects of disadvantage e.g. indigenous and separated/divorced.

The higher an areas index value for the index of relative socio-economic disadvantage (IRSED), the less disadvantage that area is, compared with ones with lower scores.

AREA	IRSED
Oxley-Milawa and Ovens Valley	1,042.2
Glenrowan and District	1,040.6
Springhurst-Eldorado and District	1,023.4
Wangaratta (West) - Waldara	1,011.7
Victoria	1,010
Moyhu and King Valley	1,004
Australia	1,001.9
RCoW	983
Wangaratta (Central-East)	981.5
Regional Vic	977
Wangaratta (Central-East)	981.5
Wangaratta	958.4
Wangaratta (South)	861.7

▲ Table 11: Index of Relative Socio-Economic Disadvantage (IRSED) 2016 RCoW

APPENDIX H: GATEWAY HEALTH'S RCOW ACTIVE LIVING SURVEY – EXTRACT OF RESPONDENTS' QUOTES

(Gateway Health 2020, '2019-2020 Active Living Mapping Project for Wangaratta and Surrounds')

"At time (virus) have limited access to gym/pool [to] exercise"

"My son only sleeps when I sleep, that limits the amount of exercise I can do, as the exercise I would like to do is not suitable for a 3yr old to partake in, like go for a run or ride my horse or go for a swim"

"Would like to bike ride and walk more but there are no footpaths or bike tracks in Cheshunt. Safety is an issue"

"I feel sometimes that I am time poor and that I am not as active as I would like to be"

"there is no gym for pensioners, it is hard when you are on a pension you cannot afford to pay for activities"

Don't have enough hours in the day to exercise the way I wish and the bike paths are not very safe in this area"

"I regularly run about 1-2km every 2-3 days, however, with the gym closed recently due to COVID-19 I haven't been as active in terms of going to classes or weights related physical activity. At home, however, I am active feeding animals and going for walks down the driveway and back"

"At my age with some health concerns I want to do more but have found it difficult at times – probably more the length of time I can maintain the intensity"

"Normally I play golf [due to COVID-19] x 2 weekly but this has now stopped. I am trying to make up for it by increasing my walking]"

"I need more time to be able to do more"

"Work dominates most time, then household chores"

"Extremely active family both fun and competition"

"Until closure of YMCA [referring to COVID-19] used to lap swim, 1.5km to 2km four times a week, plus dog walks 30min four to five times per week. Am really missing the pool and gym"

"Difficult to fit in planned activities with kids and work commitments"

"Walking keeps me in touch with my community as well as fit. It is inexpensive and can be done whenever it suits me"

"Always up for more! Would love a safe cycle between towns [lives at Whitfield]"

"Could do more rigorous activity but aware of joint issues"

"Osteo slows me down"

"Within limitations – age, agility, balance"

"...I spend a lot of time sitting down for work"

"I take my dog for a run each morning, and I do 2 classes at the gym, these help me release stress and also calm my mind whilst strengthening my body"

“Without our health we have nothing”

“Less [exercise] in summer due to UV exposure”

“There needs to be more priority parking for age and disabilities”

“Limited [exercise] because of mobility issues, state of foot paths, distance from shops, etc”

“Find it hard to exercise with back problems. Only walk but find that difficult now as there are no public toilets in area, which is necessity when you get older. Spoken to many others in the area and they find the same problem”

“Lack of time to exercise, would love to go back to the gym post children but I tend to allocate any spare money towards activities for the children rather than myself”

“Work and travel to work makes it hard to fit in exercise in winter”

“Need a local walking group”

“Recently moved to the area, finding it difficult to access activities that suit my lifestyle and that are affordable”

“Driving long distances to work reduced the physical activity I do”

“I do need to sit less though!”

“I go to the gym daily but then sit at work all day I would like to be more active”

“...I am very happy with what I do outside of working and sitting down from 8am-5pm every day”

“Most activities are in Wangaratta so both transport and reduced cost would be helpful”

“better paths is vital. I so often see people walking beside the road because there is no pavement or bike/walking paths. I believe a bike path all the way to Cheshunt would be a great idea”

“I do less now I have kids, I am active with them but not as frequency or the same intensity as I was previously”

“Due to the hot weather it can be limiting what can be done outdoors”

“The Council summer in the park program ... Is great – would be great to have activities all year as it can be hard to get motivated in colder weather”

“free activities or subsidised, public transport”

“Inexpensive, small groups, regular activities”

“Free outdoor exercise equipment available in parks or resources”

“Transport to some group that run physical activities or organised groups in smaller districts”

“It’s more a safety issue for me. Whenever we use bike paths around us, there is either unleashed dogs or a person under the influence of something”

“...organised sports for juniors that is not instantly competitive and needing so much travel. We have noticed all local sports are pushing to get rep teams and ‘best players’ first and foremost. This flows down in to early years and can make the learning of the sport difficult. E.g. soccer was amazing but club altered program (focusing on rep team) limiting accessibility to ‘amateur’ players. Basketball is poorly run trophy hungry rep team – hard for non-gifted kids to sit aside”

"More affordable options, especially for older people who are not fit and well. YMCA caters well for older fit people but not who have health issues"

"A local gym, I could attend so I would not have to travel into town. That is the reason I do not go to a gym. The cost of travel and tires" [this respondent lives in Peechelba which happens have outdoor exercise equipment at the local part but it is hard to know if they are aware of it]

"The facilities available for exercise and sport are all available in Wangaratta. Some people may find some activities expensive"

"Well published free activities [are needed]"

"Give each householder a number of free vouchers to go to bar reserve gym/pool like you do with tip vouchers..."

"Funded exercise programs for younger people with chronic health conditions"

"We have lots of activities available it has to be up to us to take advantage and want to do it"

"...good mental health goes unnoticed as part of physical health. - not enough... emphasis on health promotion and poor health prevention"

"It needs to be easier to see what is available, as someone who come to the area 6 years ago, I've found it very difficult to understand what options are available and how to join social competitions. Additionally, gym memberships are not flexible enough for someone who wants to say play squash once a week"

"Rural advertised free groups"

"As a family, we would ride a lot more with better/more looped bike paths"

"Free activities, better roads and paths, street lighting, more exercise station, education"

"I think there needs to be more for kids and adults to do sport/active living activities/exercise at either the same time or together so that you don't end up with parents watching kids play sport or parents leaving kids at home whilst they go to the gym"

"A exercise park, I see the little ones around town but more specific one with lots of different activities in Mitchell Avenue would be fantastic" [this is available but again this person must not be aware of this]

"We are currently in the midst of Coronavirus crisis and it is more important than ever that people find ways to keep mentally and physically fit and start thinking outside the square"

"So so so so important physical and mental health, environmental benefits"

"Lack of public transport from towns outside the city Centre makes it very difficult for many. Particularly for those who do not have a car or there is only one car in the family. Petrol cost also becomes an issue"

"Wangaratta has many walking paths to explore and good facilities for swimming and organised physical activities"

"Seems that a lot of gentle classes are during the day, none at night, so if working can't attend. Current gym classes are too difficult, too fast, music way to loud for me - an overall unpleasant experience"

"I think having a friend or a social group to exercise with motivates people helps it to be more enjoyable"

"Many older people, people with disability and mental illness needs support and encouragement, and possible personal contact, to be motivated and confident to leave their homes and participate in an activity"

APPENDIX I: WANGARATTA SHARED PATH NETWORK AND OTHER WALKING TRACKS (RURAL CITY OF WANGARATTA 2021e);

<https://www.wangaratta.vic.gov.au/Portals/0/Wangaratta/Documents/Community/Sports Parks Trails/>

Following completion of report the map has been removed from website

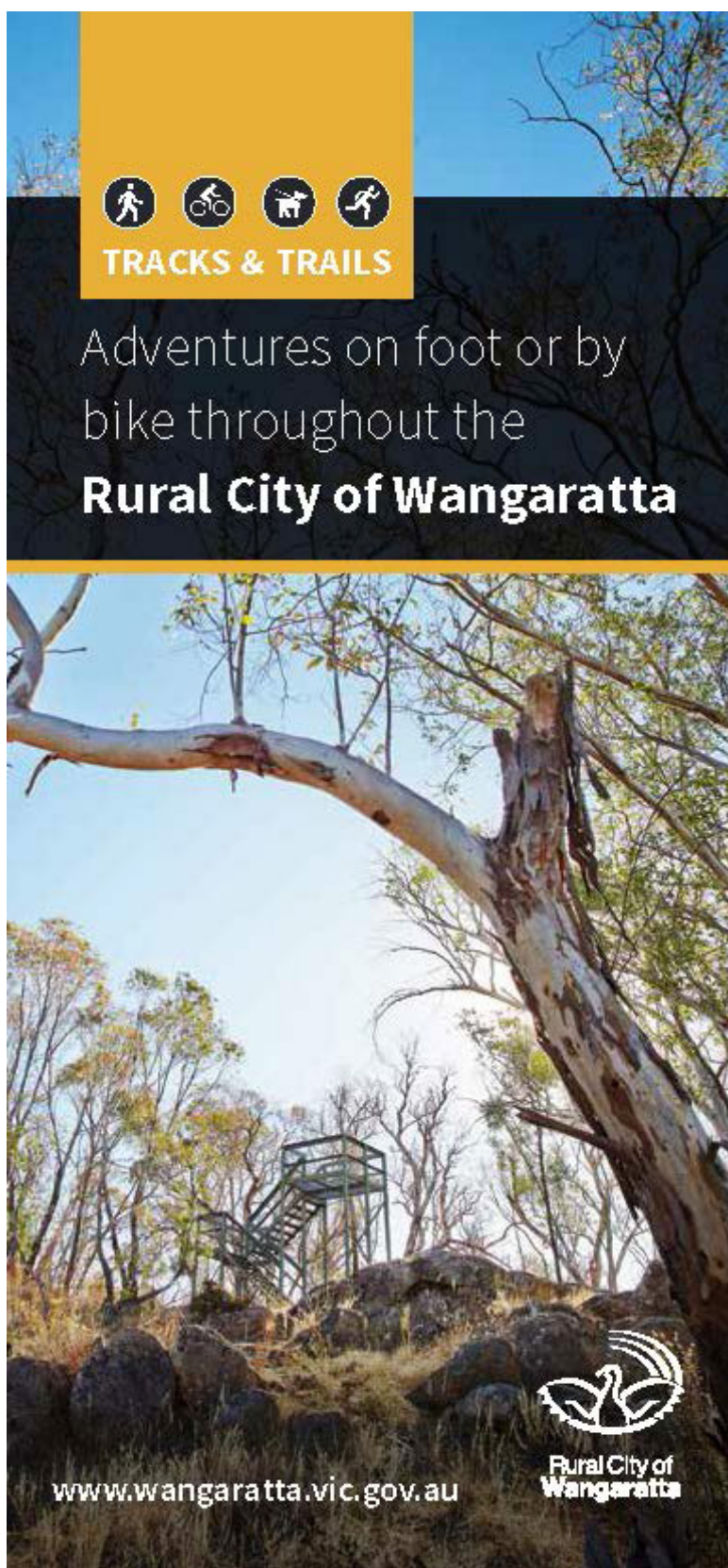
(Used with permission from Rural City of Wangaratta)



APPENDIX J: WALKING TRACKS AND TRAIL GUIDE WANGARATTA (RURAL CITY OF WANGARATTA 2020b)

<https://www.visitwangeratta.com.au/the-great-outdoors/walks-hikes/>

(Used with permission from Rural City of Wangaratta)



APPENDIX K: BULLAWAH CULTURAL TRAIL (RURAL CITY OF WANGARATTA 2016)

<https://www.wangaratta.vic.gov.au/community/sports-parks-trails/trails-paths>

Following completion of report map has been moved to:

http://culturewangaratta.com/wp-content/uploads/2016/05/Bullawah-6pp-DL-Brochure_print_4.pdf

(Used with permission from Rural City of Wangaratta)



APPENDIX L: A BUILT ENVIRONMENT OBSERVATIONAL AUDIT OF SURROUNDING TOWNS

(Gateway Health 2020, '2019-2020 Active Living Mapping Project for Wangaratta and Surrounds')

Using the Heart Foundation Checklist (Heart Foundation 2018) and summarising these observations for RCoW LGA outlying communities into table format and what their built environment reflects (N.B. not every community could be assessed).

Council also has a list of [parks and playgrounds](#) (RCoW 2021d). The added components from the Active Living Mapping Project could be used to update the council list.

TOWN	FOOTPATHS	PARK	FACILITIES	OTHER	PUBLIC TRANSPORT
PEECHELBA	Dirt footpath on one side of the main road then changes sides to loosen bitumen path and small concrete section near Peechelba Bushland Reserve	Peechelba Bushland Reserve Toilets/accessible (locked during the day, disability was unlocked), play equipment (no shade), seating, exercise equipment x 2, tennis court/basketball court, BBQ facilities, rotunda with table and chairs	Peechelba Bushland Reserve has toilets, free BBQ, hall to hire		Bus stop in town
SPRINGHURST	No concrete footpath in main part of town One section has a dirt footpath	Anzac Road Reserve Play equipment (with shade), seats, accessible toilets with baby change table, accessible parking	Community Hall, tennis/netball court at the hall (deteriorated state)	School has a pedestrian crossing Train station has an accessible crossing over to the main side of town	Train station Bus stop at train station
ELDORADO	Established footpath in town with a bit of a rail trail from part way from the dredge, to the tennis courts to town	Gunhouse Park has play equipment (with shade), seating, rotunda, BBQ, accessible toilets with a shower	Tennis courts have lights, netball stand on tennis court, basketball stand on tennis court -this was knocked over, shaded seating, old oval nearby that looks to be no longer in use, toilet block (locked during the day), hall facility at the tennis court	Dredge – has a walking track (not accessible for people with mobility issues) that links up to tennis court and goes into town; good signage with a map of town walking path and attractions	Didn't observe public transport e.g. bus stop

TOWN	FOOTPATHS	PARK	FACILITIES	OTHER	PUBLIC TRANSPORT
TARRAWINGEE	Dirt walking path	Park type facilities located at football ground	Football ground that has playground with shade and seating, netball courts with lights, toilets that were open (not sure if disabled toilets were located elsewhere in main buildings, didn't observe any)	Golf course, tennis courts, hall	Didn't observe any public transport e.g. bus stop
EVERTON	Concrete footpath in main section of town, seating on one section of footpath	Park like facilities only at the primary school, unsure if the public can use this out of hours or during school holidays	At the back of the hall there are tennis courts, unsure if this is linked with both hall and school or just the school	Accessible public toilets, baby change table Post office has an automated external defibrillator (AED)	Bus stop
WHOROULY	No footpaths	Only at the football ground	Rec Reserve Football ground, netball courts, tennis courts, playground with shade, seating, BBQ under cover	Hall at Rec Reserve	No public transport was observed e.g. bus stop
GLENROWAN	Concrete footpaths through some part of town, dirt footpaths as well Footpath from main part of town to primary school, as you near the school, the path narrows; unsuitable for a wheel chair. Dirt footpaths from school to kindergarten	Lions Park in main part of town Seating with shade, play equipment with shade, BBQ, toilets are accessible, school crossing at the park	Rec reserve has football ground, memorial hall, netball court is new This facility seems underused since football club has closed Real potential to use this community asset	Forster Lake has seating, undercover area, BBQ. Lake looks like it has a rough track to walk Toilets have been de-commissioned	Bus stops Train line runs through town but the train does not stop there

TOWN	FOOTPATHS	PARK	FACILITIES	OTHER	PUBLIC TRANSPORT
MOYHU	Concrete footpaths from kindergarten to general store Dirt footpath from primary school back to Bartley Street No other footpaths	Rotary Park Play equipment some under shade, seating, BBQ under shade, accessible toilets, water bubbler	Rec Reserve Football ground Netball court, play equipment, tennis court, undercover area with BBQ area Run-down BMX track, facility where Moyhu and District Youth Club runs gymnastics	Moyhu youth club has gymnastics for kid Dance and fitness studio in town, bowls club Popular swimming spot not far from town but no walking track	Bus stop in town
WHITFIELD	Dirt footpaths on one side of the street for main part of town	Rec Reserve	Rec Reserve has football ground, netball courts, play equipment (unshaded), shaded BBQ area, run-down tennis courts	Golf club	Bus stop
CHESHUNT	No footpaths		Hall has a rotunda with BBQ		Bus stop
MILAWA	Good footpaths as part of the rail trail, a pedestrian crossing in main part of town Dirt footpath from main part of town to Cheese Factory which passes the primary school	John McAleese Park Playground with shade, unshaded seating, BBQ area, no toilets at the park	Rec reserve with football ground, good netball court, playground with shade, run-down tennis courts, toilets open to public during the day	Bowls club, squash courts	Bus stop
OXLEY	Good footpaths as part of the rail trail through main part of town	Oxley Memorial Park Playground with shade, seating under shade, BBQ, accessible toilets with baby change table	Rec Reserve has clubrooms, toilets and hot showers, multipurpose sand arena, cross country course for horses, horse yards, bay horse wash, tennis courts and bounce wall, oval, fully fenced playground		Bus stop

